

ROUTING SLIP FOR INVOICES

DATE May 17, 2018

CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE April 2018

TO Shropshire

INITIAL REVIEW NS

DATE 06/05/18

FSPS2 REVIEW \_\_\_\_\_

DATE \_\_\_\_\_

Program Manager 1/2 \_\_\_\_\_

DATE \_\_\_\_\_

POSTED TO SPREADSHEET 06/06/18

SENT TO FISCAL \_\_\_\_\_

EQUIPMENT TO BE TAGGED? \_\_\_\_\_

ADVANCE RECOUPMENT? \_\_\_\_\_

COMMENTS:

*5,739,944.00 g. var FY*

## **Norman Shropshire**

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**From:** Norman Shropshire  
**Sent:** Friday, June 08, 2018 8:52 AM  
**To:** 'barbarat@family-values.org'  
**Cc:** 'talishad@fvri.org'; 'latoshai@fvri.org'; Norman Shropshire  
**Subject:** April 2018 Invoice  
**Attachments:** image2018-06-08-072306.pdf

Good Morning,

Attached is a copy of the April 2018 invoice for your record.

Contact me if you have any questions.

Thank You

**Norman Shropshire**  
*ES Program Consultant*  
*Dept. Of Children And Family Services*  
*627 N. Fourth St., 5-315*  
*Baton Rouge, LA 70802*  
*Norman.Shropshire@la.gov*  
*Phone (225)219-2742*  
*Fax (225)342-2536*



Economic Stability  
Division of Programs  
627 North 4th Street  
Baton Rouge, LA 70802

(O) 225.342.4051  
(F) 225.342.2536  
[www.dcfsls.gov](http://www.dcfsls.gov)

John Bel Edwards, Governor  
Marketa Garner Walters, Secretary

**Date** 06/06/2018

**MEMORANDUM**

**TO:** OM&F Fiscal  
Contract Payments

**FROM:** Dora Thomas   
Program Manager

**RE:** Invoice for payment  
PO # 2000234086

**Contractor Name: Family Values Resource Institute**

**Please find attached an invoice for payment.**

***If you have any questions, contact: Norman Shropshire (225) 219-2742.***

**Attachment**





**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**Received**  
**MAY 17 2018**  
**DCFS**  
**Economic Stability**

Family Values Resource Institute, Inc,  
**Contractor Name**  
 7515 Scenic Highway  
**Mailing Address**  
 Baton Rouge, LA 70807  
**City, State, Zip**  
 - Barbara Thomas / 225-359-9001  
**Contact Person/Telephone Number**

APRIL 2018  
**Service Period**  
 2000234086  
**Contract/CFMS#**  
 234086-0418  
**Invoice Number**

**EXPENDITURES**

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,375.00	\$129,374.93	\$143,749.93	\$28,750.07	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$10,427.53	\$11,527.21	\$10,708.04	
TRAVEL	\$1,000.00	\$0.00	\$782.90	\$ 782.90	\$ 217.10	
OPERATING SERVICES	\$52,564.75	\$3,221.31	\$35,143.94	\$38,365.25	\$14,199.50	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$4,309.72	\$43,470.91	\$47,780.63	\$16,119.37	
OTHER CHARGES	\$216,000.00	\$27,400.00	\$140,800.00	\$168,200.00	\$47,800.00	
EQUIPMENT/ ACQUISITIONS	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$ 0.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
<b>TOTALS</b>	<b>\$529,200.00</b>	<b>\$50,405.71</b>	<b>\$361,000.21</b>	<b>\$411,405.92</b>	<b>\$117,794.08</b>	<b>\$ 0.00</b>

**Contractor Certification**

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

*Barbara Thomas*  
 Signature of Authorized Contractor Representative and Title

*5/15/18*  
 Date

**FOR DCFS USE ONLY**

<b>DCFS Invoice Number</b>	Org <i>4274</i>	Obj <i>3740</i>	Rep Cat <i>5071</i>	Sub-Obj <i>(23) Line 2</i>	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
<b>Program Compliance Approval</b>	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <i>Deen Roman Program Manager</i> Signature and Title of Authorized DCFS Official				
					<i>6/7/18</i> Date



**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**Cost Reimbursement Invoice Form**

**FINANCIAL REPORTING INSTRUCTIONS**

**Column A - Expenditure Category** – Enter the expenditure categories required by the contract.

**Column B – Approved Budget** – Enter the approved budget for the current contract term for the budget categories approved in the contract.

**Column C – Current Period Expenditures** – Enter the expenditures incurred and paid for the current reporting period.

**Column D – Prior Period Expenditures** - Enter the cumulative expenditures reported and reimbursed for all periods prior to, but not inclusive of the current reporting period.

**Column E – Cumulative Expenditures To Date** – Enter the total costs to date. Cumulative Expenditures To Date equals Current Period Expenditures + Prior Period Expenditures. (Column E = Column C + Column D)

**Column F – Remaining Balance** – Enter the difference between the Approved Budget Amount and the Cumulative Expenditures To Date. (Column F = Column B – Column E)

**Column G – Cost Sharing** – The portion of the project costs not borne by DCFS in the form of Local Costs, Matching Funds or In-kind Contributions. If applicable Cost Sharing requirements must be in accordance with the approved contract.

*Personnel* – Salaries and wages provided for all persons directly employed by the contractor.

*Fringe Benefits* – Employment benefits in addition to salaries and wages (i.e., health insurance, retirement, FICA, Medicare taxes, etc.)

*Travel* – Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

*Operating Services* – Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services.

*Supplies* – Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business.

*Professional Services* – Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical and dental.

*Other Charges* – Expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents.

*Equipment/Acquisitions* – Tangible assets purchased for use in the operations of an office such as office machines and furniture. Costs include purchase price, delivery charges, taxes, and other purchase related costs.

*Indirect Costs* – Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general operations and are shared among projects and/or functions.

DEPARTMENT OF Children and Family Services  
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM  
Alternatives to Abortion

CONTRACTOR: Family Values Resource  
Institute, Inc.  
ADDRESS: 7515 Scenic Hwy.

CFMS: 2000234086

Rep. Cat. 5071  
Org. 4274

Baton Rouge, LA 70807

MONTH AND YEAR OF  
SERVICE:

APRIL  
2018

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

**COST REIMBURSEMENT: Personnel Services**

Staff:	Project Director	\$ 3,750.00
	Project Adm.	\$ 2,333.34
	Educ. Specialist	\$ 2,083.33
	Compliance Coordinator	\$ 2,041.67
	Data Entry Specialist	\$ 2,083.33
	Client Svcs. Coord./Care Provider	\$ 2,083.33
	Fringes	\$ 1,099.68
	<b>SUBTOTAL</b>	<b>\$ 15,474.68</b>

**OTHER EXPENSES:**

Rent	\$ 1,200.00
Utilities	\$ 0.00
Printing	\$ 135.88
Copier Lease	\$ 196.90
Travel	\$ 0.00
Postage	\$ 206.96
Office Supplies	\$ 0.00
Service Provider Trn.	\$ 0.00
Telephone	\$ 250.00
Internet	\$ 75.00
Online Client Database	\$ 455.00
Accounting/Bookkeeping Services	\$ 2,609.72
Subcontractors	\$ 27,400.00



**WHITNEY BANK**

P.O. Box 4019 Gulfport, MS 39502



Page: 1 of 1

Statements Dates

04/01/2018 - 04/30/2018

**Return Service Requested**

Account Number:

1 110000 001  
**FAMILY VALUES RESOURCE INSTITUTE INC**  
**RESTRICTED FUNDS**  
**P O BOX 74403**  
**BATON ROUGE LA 70874**

Images:

0

**\*ZERO CHECKS\* E0**

**EFFECTIVE 5.25.18 THE BANK WILL NO LONGER SELL TRAVELERS  
 CHEQUES. SPEAK WITH YOUR BANKER ABOUT OTHER ALTERNATIVES.**

**\*\*\*\*\* CHECKING ACCOUNT SUMMARY \*\*\*\*\***

**Checking Account Summary**

PREVIOUS BALANCE	AVERAGE BALANCE
+ 5 CREDITS	
- 4 DEBITS	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

**\*\*\*\*\* CHECKING ACCOUNT TRANSACTIONS \*\*\*\*\***

**• Deposits and Other Credits**

Date	Amount	Description	Date	Amount	Description
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110000001200

**• Other Debits**

Date	Amount	Description	Date	Amount	Description
4/13 payroll	6,800.08	PAYROLL PAYCHEX INC. 018101003479113CCD	4/30 payroll	6,800.12	PAYROLL PAYCHEX INC. 018116006411606CCD

**• Balance By Date**

Date	Balance	Date	Balance	Date	Balance
------	---------	------	---------	------	---------

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

**Hancock Bank/Whitney Bank**  
Attn: Deposit Services  
P.O. Box 4019  
Gulfport, MS 39502  
Hancock Bank: 1-800-448-8812  
Whitney Bank: 1-800-844-4450

### Notice About Electronic Check Conversion

When you provide a check payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

**Handyline Information**

**Interest Charges:** Interest Charges have been computed on your Handyline Account by applying each Daily Periodic Rate disclosed on the face of this statement to the Daily Balance of your Account over the current billing cycle, and then multiplying the resulting product by the number of days in the billing cycle. The Daily Balance of your Account has been computed by totaling the "Closing Principal Balance" of your Account for each day of your billing cycle and dividing the resulting total by the number of days in the billing cycle.

**Provided you have not made at least the minimum payment due within fourteen days of the statement date:**

1. If you have an unsecured Handyline Account, your checking account has been charged with a minimum payment equal to 1/20<sup>th</sup> of the disclosed New Balance on the face of this statement (less any amount disputed by you), or \$25.00, whichever is greater. If the New Balance of your Account was less than \$25.00, your checking account has been charged for the entire New Balance (less any amount disputed by you).
2. If you have a secured Handyline Account, your checking account has been charged with a minimum payment equal to 1/50<sup>th</sup> of the disclosed New Balance on the face of this statement (less any amount disputed by you), or \$100.00, whichever is greater. If the New Balance of your Account was less than \$100.00, your checking account has been charged for the entire New Balance (less any amount disputed by you).

### ***What To Do if You Think You Find A Mistake On Your Statement***

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

**While we investigate whether or not there has been an error, the following are true:**

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

**(Not charged to your account as of statement date)**

Check# or Transaction Type (Ex. ATM/Debit)	Transaction Amount (Dollars--\$)
<b>TOTAL</b>	

<b>1. Bank Balance as shown-this statement</b>	\$	
<b>2. Record Deposits Not Credited During This Statement Cycle</b>	\$	
	\$	
	\$	
<b>3. Add Total of Deposits Not Credited</b>	+	\$
<b>4. Subtract Total Outstanding Checks/Debits</b>	-	\$
<b>5. Balance</b>	=	\$

**This balance should agree with your checkbook balance. Remember to deduct service charges/fees (if any) shown on your statement this month.**

### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Allison Davis

Month/Year: Apr-18

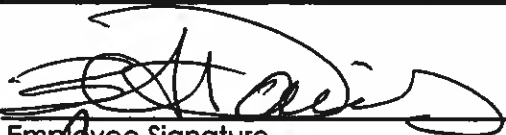
Provide a breakdown of your responsibilities for this month. Keep in mind:

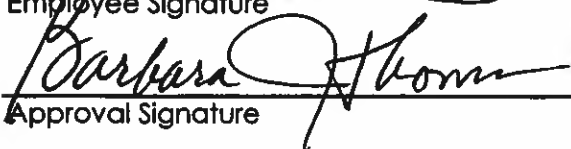
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>LA Alliance For Life</b>
<i>List Major Work Performed</i>	% of Time	
prenatal Classes	55%	
scheduled prenatal classes over the phone	45%	
Total % of Time on Project:		100%

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>	% of Time	
Total % of Time on Project:		

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>	% of Time	
Total % of Time on Project:		

  
 Employee Signature

  
 Approval Signature

5/14/2018  
 Date

5/14/18  
 Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Apr-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

#### Sponsored Project:

List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	70%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	15%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

#### Sponsored Project:

List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

#### Sponsored Project:

List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker  
Employee Signature

5/9/18  
Date

Barbara Thomas  
Approval Signature

5/9/18  
Date

### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Apr-18


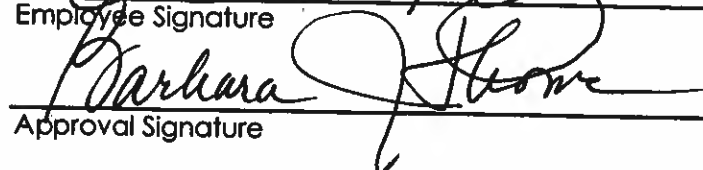
Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>Louisiana Alliance For Life</b>
<i>List Major Work Performed</i>		<b>% of Time</b>
Data Entry - Enter client data into database; Prepare and submit monthly reports		30%
Receptionist Duties - Answer phone and schedule appointments		30%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork		30%
Community Outreach		10%
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>		<b>% of Time</b>
<b>Total % of Time on Project:</b>		

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>		<b>% of Time</b>
<b>Total % of Time on Project:</b>		

  
 Employee Signature  
  
 Approval Signature

5/8/18  
 Date  
5/8/18  
 Date

Date \_\_\_\_\_





### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: APRIL 2018

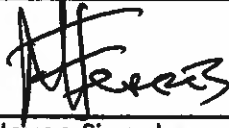
Provide a breakdown of your responsibilities for this month. Keep in mind:

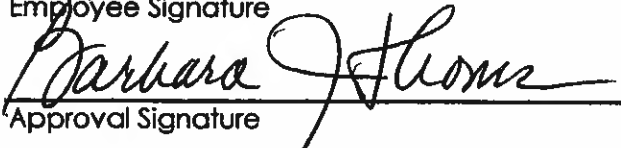
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

<b>Sponsored Project:</b>		<b>Louisiana Alliance For Life</b>
<i>List Major Work Performed</i>	% of Time	
Collect, Review and Approve Subcontractor Reimbursements	40%	
Fielding and Answering Calls and emails from Subcontractors	35%	
Creating and updating forms and files	25%	
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>		<b>Louisiana Alliance For Life - continued</b>
<i>List Major Work Performed</i>	% of Time	
<b>Total % of Time on Project:</b>		<b>100%</b>

<b>Sponsored Project:</b>		
<i>List Major Work Performed</i>	% of Time	
<b>Total % of Time on Project:</b>		

  
Employee Signature

  
Approval Signature

5/14/18  
Date

5/14/18  
Date



### Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas Month/Year: Apr-18

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed	LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers	15%
Supervise program operations for the Women's Help Center	15%
Counsel Women at the Women's Help Center (Emergency situations only)	0%
Compliance: Oversee compliance for all subcontractors	20%
Compliance Visits & Training	0%

Worked close with Program Evaluator to implement evaluation plan	10%
Review and approve timesheets, employee absences, etc.	5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.	15%
Primary spokesperson and media representative for LA Alliance for Life (LAL)	5%
Staff Meetings	5%
<b>Total % of Time on Project:</b>	<b>90%</b>

Sponsored Project: Work Performed	Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings	
Staff/Meeting Training	
Fundraising Planning	
<b>Total % of Time on Project:</b>	<b>10%</b>

Employee Signature

Approval Signature: Gail Hollins, FVRI Board Vice President

Date

Date

# Fringe Proof of Payment

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

## Deposit Confirmation

Your payment has been accepted.

## Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

## REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

<b>EFT ACKNOWLEDGEMENT NUMBER:</b>	270853520152257
------------------------------------	-----------------

### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
<b>Taxpayer EIN</b>	xxxxx5039
<b>Tax Form</b>	941 Employers Federal Tax
<b>Tax Type</b>	Federal Tax Deposit
<b>Tax Period</b>	Q2/2018
<b>Payment Amount</b>	\$3,562.56
<b>Settlement Date</b>	05/15/2018
<b>Subcategories:</b>	
<b>1 Social Security</b>	\$2,081.78
<b>2 Medicare</b>	\$486.86
<b>3 Tax Withholding</b>	\$993.92
<b>Account Number</b>	xxxx0000
<b>Account Type</b>	CHECKING
<b>Routing Number</b>	065400153
<b>Bank Name</b>	WHITNEY BANK

Erinae Proof of Payment



HANCOCK WHITNEY

## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	IRS
Transaction Type	Debit
Amount	\$3,562.56
Balance	

# Frings Proof of Payment

PAYCHEX, INC.  
401 WHITNEY AVENUE SUITE 200  
GRETNVA LA 70056  
(844) 729-9247

## Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.

Non-mandated: Initiate a 941 payment for the specified quarter at [www.eftps.gov](http://www.eftps.gov) at least one banking day before the due date.

Deposit Period:	04/01/18 - 04/30/18	Employee Social Security	1,040.90
Amount Due:	\$3,582.56	Employee Medicare	243.44
Due Date:	05/15/18	Employer Social Security	1,040.88
Quarter:	2	Employer Medicare	243.42
		Federal Withholding	893.92
Date Paid:	5/14/15 (Post Date)	Federal ID:	72-1415039
Check Number:	pd. online	Last Check Date:	04/30/18

## IMPORTANT REMINDERS

- ... You are scheduled to report your next payroll on Fri 05/11/18.
- ... In compliance with the Federal Depository rules, your federal deposit frequency is Monthly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- ... Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-114-1444

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 74403  
BATON ROUGE LA 70874-4403



0060-0060T846-002-114-1444

## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 100 STAFF BI-WEEKLY										
Brown, Patricia A 35	Data Entry		LAL Hours	1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	6458 1511 7791 2700	STD Post-Tax	3672	Direct Deposit # 6813 Check Amt Chkg 0017 0.00 820.44
	EMPLOYEE TOTAL			1,041.66			18450		3672	Net Pay 820.44
David, Allison 37	Education Specialist		LAL Hours	1,041.66		Social Security Medicare LA Income Tax	6458 1511 2600	STD Post-Tax	2597	Direct Deposit # 6814 Check Amt Chkg 3799 0.00 910.00
	EMPLOYEE TOTAL			1,041.66			10689		2597	Net Pay 910.00
David, Melissa 4	Compliance Coordinator		LAL Hours	1,020.83		Social Security Medicare Fed Income Tax LA Income Tax	9042 2114 6313 3200	STD Post-Tax	9629	Direct Deposit # 6815 Check Amt Chkg 0014 0.00 1,152.95
	EMPLOYEE TOTAL			1,020.83			20689		9629	Net Pay 1,152.95
Ferre, Michael A 5	Project Administrator		LAL Hours	1,166.67		Social Security Medicare Fed Income Tax LA Income Tax	9042 2114 10139 4600	STD Post-Tax	9929	Direct Deposit # 6816 Check Amt Chkg 1002 0.00 1,197.40
	EMPLOYEE TOTAL			1,166.67			20689		9929	Net Pay 1,197.40
Thomas, Barbara J 11	Project Director		LAL Hours	1,875.00		Social Security Medicare Fed Income Tax LA Income Tax	12317 3021 15563 6900	STD Post-Tax	4600	Direct Deposit # 6817 Check Amt Chkg 0016 0.00 1,652.33
	EMPLOYEE TOTAL			2,083.34			36901		4600	Net Pay 1,652.33
Walker, Shirley 12	Client Services Coordinator		LAL Hours	1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	6458 1511 9901 2700	STD Post-Tax	1302	Direct Deposit # 6819 Check Amt Chkg 2191 0.00 822.94
	EMPLOYEE TOTAL			1,041.66			20670		1302	Net Pay 822.94
100 STAFF BI-WEEKLY TOTALS										
7 Person(s) 7 Transaction(s)	Fmt LAL Hours		14.00	1,206.73 7,187.48		Social Security Medicare Fed Income Tax LA Income Tax	52044 12173 46936 22300	STD Post-Tax	22300	Check Amt Dir Dep 0.00 6,900.06

## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS				REIMB & OTHER PAYMENTS
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21				
					Employer Liabilities			
					Social Security	520.44		
					Medicare	121.71		
					TOTAL EMPLOYER LIABILITY	642.15		
					TOTAL TAX LIABILITY	2,013.28		
							223.00 Net Pay 6,800.08	
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp					Deduction		
						20.10 Direct Deposit # 503		
						Check Amt	0.00	
						Chkg 0010	1,556.57	
						Chkg 8302	80.00	
						20.10 Net Pay	1,646.57	
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp					Deduction		
						20.10 Check Amt	0.00	
						Dir Dep	1,646.57	
						20.10 Net Pay	1,646.57	
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvt LAL Hours 1099 Misc Comp		14.00	1,206.73 7,187.48	Social Security Medicare Fed Income Tax LA Income Tax	520.44 121.71 496.96 223.00	20.10 Deduction 223.00 STD Post-Tax 20.10 Check Amt Dir Dep	0.00 8,446.55
	COMPANY TOTAL		14.00	8,394.21	1,666.67	1,371.13	243.10 Net Pay	8,446.55
					Employer Liabilities			
					Social Security	520.44		
					Medicare	121.71		
					TOTAL EMPLOYER LIABILITY	642.15		
					TOTAL TAX LIABILITY	2,013.28		

(IC) = Independent Contractor

(IC) = Independent Contractor

# PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 100 STAFF BI-WEEKLY										
Brown, Patricia A 35 <i>Data Entry</i>	LAL Hours			1,041.67		Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 77.81 27.00	STD Post-Tax	36.72 Check Amt Chkg 0017	0.00 0.00 820.45
	EMPLOYEE TOTAL			1,041.67			194.50		36.72 Net Pay	820.45
David, Allison 37 <i>Education Specialist</i>	LAL Hours			1,041.67		Social Security Medicare LA Income Tax	64.59 15.10 28.00	STD Post-Tax	25.97 Check Amt Chkg 3799	0.00 0.00 910.01
	EMPLOYEE TOTAL			1,041.67			106.69		25.97 Net Pay	910.01
David, Talisha 4 <i>Compliance Coordinator</i>	Fvt LAL Hours			437.50 1,020.84		Social Security Medicare Fed Income Tax LA Income Tax	90.41 21.15 63.13 32.00	STD Post-Tax	96.29 Check Amt Chkg 0014	0.00 0.00 1,152.36
	EMPLOYEE TOTAL			1,458.34			206.69		96.29 Net Pay	1,152.36
Furta, Michael A 5 <i>Project Administrator</i>	Fvt LAL Hours			291.67 1,166.67		Social Security Medicare Fed Income Tax LA Income Tax	60.42 21.15 101.38 46.00		Direct Deposit # 6823 Check Amt Chkg 1002	0.00 0.00 1,197.39
	EMPLOYEE TOTAL			1,458.34			260.95		Net Pay	1,197.39
Thomas, Barbara J 11 <i>Project Director</i>	Fvt LAL Hours			208.34 1,875.00		Social Security Medicare Fed Income Tax LA Income Tax	125.17 30.21 153.63 66.00	STD Post-Tax	46.00 Direct Deposit # 6825 Check Amt Chkg 0016	0.00 0.00 1,652.33
	EMPLOYEE TOTAL			2,083.34			383.01		46.00 Net Pay	1,652.33
Walker, Shirley 12 <i>Client Services Coordinator</i>	LAL Hours			1,041.67		Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 99.01 27.00	STD Post-Tax	13.02 Direct Deposit # 6826 Check Amt Chkg 2191	0.00 0.00 822.85
	EMPLOYEE TOTAL			1,041.67			205.70		13.02 Net Pay	822.85
100 STAFF BI-WEEKLY TOTALS	Fvt LAL Hours		14.00	1,206.73 7,187.52		Social Security Medicare Fed Income Tax LA Income Tax	520.46 121.71 468.96 223.00	STD Post-Tax	223.00 Check Amt Dir Dep	0.00 0.00 6,800.32



EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.25		1,371.13	223.00 Net Pay	6,800.12
**** 300 1099 Isaac, Latoshia S (IC) 36	1099 Misc Comp 1099 Misc Comp			361.81 1,304.86		520.44 121.71	20.10 Direct Deposit # 504 Check Amt Chkg 0010 Chkg 8302	0.00 1,556.57 90.00
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	EMPLOYEE TOTAL 1099 Misc Comp 300 1099 TOTAL			1,666.67 1,666.67			20.10 Net Pay 20.10 Check Amt Dir Dep	1,846.57 0.00 1,846.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fvt LAL Hours 1099 Misc Comp COMPANY TOTAL		14.00 14.00	1,206.73 7,187.52 8,394.25		520.46 121.71 486.96 223.00 1,371.13	20.10 Deduction STD Post-Tax 20.10 Check Amt Dir Dep 243.10 Net Pay	0.00 8,446.89 8,446.89
					Employer Liabilities Social Security Medicare TOTAL EMPLOYER LIABILITY TOTAL TAX LIABILITY	520.44 121.71 642.15 2013.28		

Project Director

BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

90%

NON-MED/STAB

Stub 1

**PERSONAL AND CHECK INFORMATION**

Barbara J Thomas  
7081 Modesto Ave  
Baton Rouge, LA 70811  
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18

Check Date: 04/13/18 Check #: 6818

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0018	1652.33	11539.70
<b>NET PAY</b>	<b>1652.33</b>	<b>11539.70</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri			208.34	
LAL Hours			1875.00	
<b>Total Hours</b>				
<b>Gross Earnings</b>			2083.34	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		129.17
Medicare		30.21
Fed Income Tax	M 1	155.63
LA Income Tax	S 0 1	68.00
<b>TOTAL</b>		<b>383.01</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	48.00
<b>TOTAL</b>	<b>48.00</b>

Salary :

Stub 1 2083.34

Stub 2 2083.34

4166.68  
x 90%

\$ 3750.00

↑ grant amt.

Fringe :

3750.00  
x 7.65%

\$286.88

↑  
grant amt.

**NET PAY**

**THIS PERIOD (\$)**  
**1652.33**

BARBARA J THOMAS  
7081 MODESTO AVE  
BATON ROUGE LA 70811

Project Director

95%

NON-NEGOTIABLE

NON-NEGOTIABLE

Stub 2

**PERSONAL AND CHECK INFORMATION**

Barbara J Thomas  
7081 Modesto Ave  
Baton Rouge, LA 70811  
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18  
Check Date: 04/30/18 Check #: 6825

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1652.33	13192.03
NET PAY	1652.33	13192.03

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvrl			208.34		1666.72
LAL Hours			1875.00		15000.00
Total Hours					
Gross Earnings			2083.34		16666.72
Total Hrs Worked					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		129.17	1033.34
Medicare		30.21	241.67
Fed Income Tax	M 1	155.63	1283.68
LA Income Tax	S 0 1	68.00	532.00
TOTAL		383.01	3090.69

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	48.00	384.00
TOTAL	48.00	384.00

NET PAY

THIS PERIOD (\$)  
1652.33

YTD (\$)  
13192.03

Michael Ferris

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator  
NON-NEGOTIABLE

80%

1,458.34 +  
1,458.34 +  
2,916.68 x  
80% x

Salary 2,333.34 +

2,333.34 x  
7.65%

178.50 +

Fringe

0.00

17714 Nine Oaks Ave  
Baton Rouge, LA 70817

Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18

Check Date: 04/13/18 Check #: 6816

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	1197.40	8365.33
NET PAY	1197.40	8365.33

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri			291.67	
LAL Hours			1166.67	
Total Hours				
Gross Earnings			1458.34	
Total Hrs Worked				

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		90.42
Medicare		21.14
Fed Income Tax	M 0	101.38
LA Income Tax	S 0 0	48.00
TOTAL		260.94

Stub 1

Salary:

Stub 1 1458.34

Stub 2 1458.34

2916.68

x 80%

\$2,333.34

↑  
grant  
amt.

Fringe:

2,333.34  
x 7.65%

\$178.50

↑  
grant  
amt.

NET PAY

THIS PERIOD (\$)  
1197.40

MICHAEL A FERRIS  
17714 NINE OAKS AVE  
BATON ROUGE LA 70817

Project Administrator

80%

NON-NEGOTIABLE

Stub 2

**PERSONAL AND CHECK INFORMATION**

Michael A Ferris  
17714 Nine Oaks Ave  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18  
Check Date: 04/30/18 Check #: 6823

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 1002	<u>1197.39</u>	<u>9562.72</u>
<b>NET PAY</b>	<b>1197.39</b>	<b>9562.72</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			291.87		2333.36
LAL Hours			<u>1166.67</u>		<u>9333.36</u>
<b>Total Hours</b>					
<b>Gross Earnings</b>			1458.34		11666.72
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.42	723.34
Medicare		21.15	169.17
Fed Income Tax	M 0	101.38	835.49
LA Income Tax	S 0 0	48.00	376.00
<b>TOTAL</b>		<u>260.95</u>	<u>2104.00</u>

**NET PAY**

**THIS PERIOD (\$)**  
**1197.39**

**YTD (\$)**  
**9562.72**

# Compliance Coordinator

NON-NEGOTIABLE

Talisha Davis

TALISHA DAVIS  
29 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

70%

1,458.33 +

1,458.34 +

2,916.67 x

70% x

Salary — 2,041.67

2,041.67 x

7.65 x

156.19 +

Fringe

PI  
T2  
3E  
B2  
Sc

..0..

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18

Check Date: 04/13/18 Check #: 6815

## NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1152.35	8061.55
NET PAY	1152.35	8061.55

## EARNINGS

DESCRIPTION HRS/UNITS RATE THIS PERIOD (\$) YTD HOURS

Fvri			437.50	
LAL Hours			1020.83	
Total Hours				
Gross Earnings			1458.33	
Total Hrs Worked				

## WITHHOLDINGS

DESCRIPTION FILING STATUS THIS PERIOD (\$)

Social Security		90.42
Medicare		21.14
Fed Income Tax M 2		63.13
LA Income Tax M 0 2		32.00

TOTAL 206.69

## DEDUCTIONS

DESCRIPTION THIS PERIOD (\$)

STD Post-Tax	99.29
TOTAL	99.29

Stub 1

Salary :

Stub 1 : 1458.33

Stub 2 : 1458.34

2916.67

x 70%

\$2,041.67

↑ grant amt.

Fringe :

2041.67

x 7.65%

\$156.19

↑ grant amt.

NET PAY

THIS PERIOD (\$)  
1152.35

TALISHA DAVIS  
3829 NORTH YOSEMITE DRIVE  
BATON ROUGE LA 70814

Compliance Coordinator

NON-NEGOTIABLE

70%

NON-NEGOTIABLE

Stub 2

**PERSONAL AND CHECK INFORMATION**

Talisha Davis  
3829 North Yosemite Drive  
Baton Rouge, LA 70814  
Soc Sec #: xxx-xx-xxxx Employee ID: 4

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18

Check Date: 04/30/18 Check #: 6822

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0014	1152.36	9213.91
<b>NET PAY</b>	<b>1152.36</b>	<b>9213.91</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvrl			437.50		3500.00
LAL Hours			1020.84		8166.68
<b>Total Hours</b>					
<b>Gross Earnings</b>			1458.34		11666.68
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.41	723.33
Medicare		21.15	169.17
Fed Income Tax	M 2	63.13	517.95
LA Income Tax	M 0 2	32.00	248.00
<b>TOTAL</b>		<b>206.69</b>	<b>1658.45</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	99.29	794.32
<b>TOTAL</b>	<b>99.29</b>	<b>794.32</b>

**NET PAY**

**THIS PERIOD (\$)**  
**1152.36**

**YTD (\$)**  
**9213.91**

See Stub 1  
for calculations

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

Education Specialist

NON-NEGOTIAL

Allison Davis

100%

Salary — 1,041.66 +  
1,041.67 +  
2,083.33 \*  
7.65 %  
159.37 +  
Fringe...0..

Stub 1

**PERSONAL AND CHECK INFORMATION**

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18  
Check Date: 04/13/18 Check #: 6814

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.00	6374.05
NET PAY	910.00	6374.05

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
Fvri				
LAL Hours			1041.66	
Total Hours				
Gross Earnings			1041.66	
Total Hrs Worked				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		64.58
Medicare		15.11
LA Income Tax	S 2 1	26.00
TOTAL		105.69

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	25.97
TOTAL	25.97

Fringe:

2083.33  
X 7.65%

\$159.37

↑  
grant  
amt.

NET PAY

THIS PERIOD (\$)  
910.00



FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 37 DD

Education Specialist

ALLISON DAVIS  
17232 JEFFERSON HIGHWAY  
APT # 417  
BATON ROUGE LA 70817

NON-NEGOTIABLE

100%

NON-NEGOTIABLE

Stub 2

**PERSONAL AND CHECK INFORMATION**

Allison Davis  
17232 Jefferson Highway  
Apt # 417  
Baton Rouge, LA 70817  
Soc Sec #: xxx-xx-xxxx Employee ID: 37

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18  
Check Date: 04/30/18 Check #: 6821

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	910.01	7284.06
NET PAY	910.01	7284.06

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					
LAL Hours			1041.67		1041.66
Total Hours					7291.66
Gross Earnings			1041.67		
Total Hrs Worked					8333.32

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	516.67
Medicare		15.10	120.83
LA Income Tax	S 2 1	28.00	204.00
TOTAL		105.69	841.50

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	25.97	207.76
TOTAL	25.97	207.76

NET PAY

THIS PERIOD (\$)  
910.01

YTD (\$)  
7284.06

Payroll by Paychex, Inc.

Data Entry

PATRICIA A BROWN  
6555 E MONARCH  
BATON ROUGE LA 70812

Patricia Brown

Salary  
1,041.66 +  
1,041.67 +  
2,083.33 x  
7.65 %  
159.37 +  
Fringe  
..00..

Stub 1

**PERSONAL AND CHECK INFORMATION**

Patricia A Brown  
6555 E Monarch  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18  
Check Date: 04/13/18 Check #: 6813

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.44	5727.81
<b>NET PAY</b>	<b>820.44</b>	<b>5727.81</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
-------------	-----------	------	------------------	-----------

Fvri				
LAL Hours			1041.66	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1041.66	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
-------------	---------------	------------------

Social Security		64.58
Medicare		15.11
Fed Income Tax	S 1	77.81
LA Income Tax	S 0 1	27.00

<b>TOTAL</b>		<b>184.50</b>
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**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
-------------	------------------

STD Post-Tax	36.72
<b>TOTAL</b>	<b>36.72</b>

**NET PAY**

<b>THIS PERIOD (\$)</b>	<b>820.44</b>
-------------------------	---------------

Salary

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

↑  
grant  
amt.

Fringe

2083.33  
x 7.65 %

\$159.37

↑  
grant  
amt.

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 35 DD

PATRICIA A BROWN  
8555 E MONARCH  
BATON ROUGE LA 70812

Data Entry

NON-NEGOTIABLE

NON-NEGOTIABLE

Stub 2

**PERSONAL AND CHECK INFORMATION**

Patricia A Brown  
6555 E Monarch  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 35

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18  
Check Date: 04/30/18 Check #: 6820

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	820.45	6548.26
<b>NET PAY</b>	<b>820.45</b>	<b>6548.26</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri					1041.66
LAL Hours			1041.67		7291.66
<b>Total Hours</b>					
<b>Gross Earnings</b>			1041.67		8333.32
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	516.67
Medicare		15.10	120.83
Fed Income Tax	S 1	77.81	641.80
LA Income Tax	S 0 1	27.00	212.00
<b>TOTAL</b>		<b>184.50</b>	<b>1491.30</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	36.72	293.76
<b>TOTAL</b>	<b>36.72</b>	<b>293.76</b>

See Stub 1  
for calculations

**NET PAY**

**THIS PERIOD (\$)**  
820.45

**YTD (\$)**  
6548.26

Shirley Walker

SHIRLEY WALKER  
230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Services Coordinator  
NON-NEGOTIABLE

100%

Salary  
1,041.66 +  
1,041.67 +  
2,083.33 x  
7.65 %  
159.37 +  
Fring ..00

Stub 1

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: xxx-xx-xxxx Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 04/01/18 to 04/15/18  
Check Date: 04/13/18 Check #: 6819

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.94	5745.31
<b>NET PAY</b>	<b>822.94</b>	<b>5745.31</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS
LAL Hours			1041.66	
<b>Total Hours</b>				
<b>Gross Earnings</b>			1041.66	
<b>Total Hrs Worked</b>				

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)
Social Security		64.58
Medicare		15.11
Fed Income Tax	S 1 +\$21.20	99.01
LA Income Tax	S 0 1	27.00
<b>TOTAL</b>		<b>205.70</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)
STD Post-Tax	13.02
<b>TOTAL</b>	<b>13.02</b>

Salary:

Stub 1 1041.66

Stub 2 1041.67

\$2083.33

↑  
grant  
amt.

Fringe:

2083.33

x 7.65%

\$159.37

↑  
grant  
amt.

**NET PAY**

**THIS PERIOD (\$)**  
822.94

FAMILY VALUES RESOURCE INSTITUTE INC  
INSTITUTE INC  
PO BOX 77403  
BATON ROUGE LA 70874

0060-T846  
ORG1:100 Staff Bi-weekly  
EE ID: 12 DD

Payroll by Paychex, Inc.

SHIRLEY WALKER  
6230 MAPLEWOOD DRIVE  
BATON ROUGE LA 70812

Client Services Coordinator  
NON-NEGOTIABLE

100%

NON-NEGOTIABLE

Stub 2

**PERSONAL AND CHECK INFORMATION**

Shirley Walker  
6230 Maplewood Drive  
Baton Rouge, LA 70812  
Soc Sec #: XXX-XX-XXXX Employee ID: 12

Home Department: 100 Staff Bi-weekly

Pay Period: 04/16/18 to 04/30/18  
Check Date: 04/30/18 Check #: 6826

**NET PAY ALLOCATIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 2191	822.95	6568.26
<b>NET PAY</b>	<b>822.95</b>	<b>6568.26</b>

**EARNINGS**

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
LAL Hours			1041.87		8333.32
<b>Total Hours</b>					
<b>Gross Earnings</b>			1041.87		8333.32
<b>Total Hrs Worked</b>					

**WITHHOLDINGS**

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		64.59	516.67
Medicare		15.10	120.83
Fed Income Tax	S 1 +\$21.20	99.01	811.40
LA Income Tax	S 0 1	27.00	212.00
<b>TOTAL</b>		<b>205.70</b>	<b>1660.90</b>

**DEDUCTIONS**

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
STD Post-Tax	13.02	104.16
<b>TOTAL</b>	<b>13.02</b>	<b>104.16</b>

See Stub  
for calculations

**NET PAY**

**THIS PERIOD (\$)**  
822.95

**YTD (\$)**  
6568.26

Payrolls by Paychex, Inc.



# FVRI

FAMILY VALUES RESOURCE INSTITUTE, INC

Rent

## INVOICE

INVOICE #: 201804

INVOICE DATE: 4/1/2018

P.O. Box 74403

Baton Rouge, LA 70874

225-355-2725 Office 225-355-2742 Fax

www.FVRI.org

Billed To: Louisiana Alliance For Life

+ 1200.00

Total Operations

1,200.00 +  
135.88 +  
206.96 +  
Expense - 196.90 +  
Taxes - 250.00 +  
Rent - 75.00 +  
On-site maintenance (605.60) -  
605.60 +  
ER (Sanitation) - 95.97 +  
3,221.31 \*

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet in 2500 square foot building at \$0.60 per square in the budget narrative.	1,200.00
<b>TOTAL</b>	<b>\$ 1,200.00</b>

Rent





## Transactions Details

Posting Date	05/07/2018
Transaction Date	05/07/2018
Description	DDA CHECK 0000001622
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

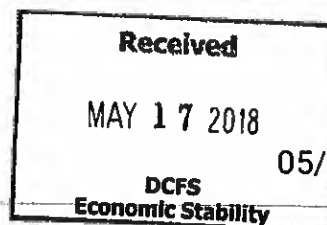
Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1622 24-15651 8
PAY TO THE ORDER OF Family Values Resource Institute, Inc		5/3/2018	
One Thousand Two Hundred and 00/100		\$ **1,200.00	
Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807			DOLLARS
MEMO	LAL Rent	 AUTHORIZED SIGNATURE	
⑈001622⑈ ⑆065400153⑆			

Rent



## Transactions Details



Posting Date

05/07/2018

Transaction Date

05/07/2018

Description

DDA CHECK 0000001622

Transaction Type

Debit

T/C

0075

Amount

\$1,200.00

Balance

Front

Back

050718 ~97090001340274 - &gt;0 [REDACTED]

PAY TO THE ORDER OF  
WHITNEY BANK  
BATCH NUMBER 1A 1005-2018  
ORIGINATOR  
FOR DEPOSIT ONLY  
FAMILY HOMES RESCUE  
INSTITUTE, INC.  
RESTRICTED FUND  
1004000



# Scott Baily Enterprises, Inc.

11310 Industriplex Blvd Baton Rouge, LA 70809  
P: 225-753-2679 F: (225) 751-7128

## CONTRACT INVOICE

Invoice Number: 156332  
Invoice Date: 04/20/2018

**Bill To:** FAMILY VALUES RESOURCE INSTITUTE, INC  
N BR WOMEN'S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

Account No	Payment Terms	Due Date			
BR2929	Net 30 Days	05/20/2018	\$109.30		
Invoice Remarks					
Contract Number	Contract	Contract Amount	P.O. Number	Start Date	Exp. Date
1460-01		\$99.36		01/20/2012	
Contract Remarks					

### Summary:

Contract base rate charge for the 04/20/2018 to 05/19/2018 billing period  
Contract overage charge for the 03/20/2018 to 04/19/2018 overage period  
\*\*See overage details below

\$0.00  
\$99.36 \*\*  
\$99.36

### Detail:

#### Equipment Included under this contract

#### Konica/BIZHUB C308

Number	Serial Number	Base Adj.	Location
04627	A7PY011000108	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000

Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	45,068	47,256		2,188	0	2,188	\$0.012100	\$26.47
COL	COLOR	15,359	16,363		1,004	0	1,004	\$0.072600	\$72.89
									\$99.36

\*\*\* You can order supplies and place service calls online at [www.sbcopy.com](http://www.sbcopy.com) \*\*\*

If you prefer to receive your invoices via email or make payments via ACH please call us or email [accounting@sbcopy.com](mailto:accounting@sbcopy.com)

Thank you for your business!

Invoice SubTotal	\$99.36
Tax:	\$9.94
Invoice Total	\$109.30
Balance Due:	\$109.30

**Scott Baily Enterprises, Inc.**

11310 Industriplex Blvd Baton Rouge, LA 70809  
P: 225-753-2679 F: (225) 751-7128

**CONTRACT INVOICE**

Invoice Number: 156356

Invoice Date: 04/20/2018

*Printing  
of \$38.50*

**Bill To:** FAMILY VALUES RESOURCE INSTITUTE, INC  
N BR WOMEN'S HELP CENTER  
7515 SCENIC HWY  
BATON ROUGE, LA 70807-0000

**Customer:** FAMILY VALUES RESOURCE  
INSTITUTE, INC  
7515 SCENIC HWY  
BATON ROUGE, LA  
70807-0000

Account No	Payment Terms	Due Date	Invoice Total	70007 0000	
BR2929	Net 30 Days	05/20/2018	\$38.50	Balance Due	
				\$38.50	
Invoice Remarks					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
1461-01	BARBARA THOMAS 359-9001	\$35.00		01/20/2012	
Contract Remarks					

**Summary:**

Contract base rate charge for the 04/20/2018 to 05/19/2018 billing period

\$35.00

Contract overage charge for the 03/20/2018 to 04/19/2018 overage period

\$0.00\*\*

\*\*See overage details below

**\$35.00**

**Detail:****Equipment Included under this contract****Muratec/2550**

Number	Serial Number	Base Adj.	Location						
03236	DC435090111024	\$0.00	FAMILY VALUES RESOURCE INSTITUTE, INC 7515 SCENIC HWY BATON ROUGE, LA 70807-0000						
Meter Type	Meter Group	Begin Meter	End Meter	Credits	Total	Covered	Billable	Rate	Overage
BW	BW	43,028	43,586		558	1,500	0	\$0.022000	\$0.00
									\$0.00

\*\*\* You can order supplies and place service calls online at [www.sbcopy.com](http://www.sbcopy.com) \*\*\*

If you prefer to receive your invoices via email or make payments via ACH please call us or email  
[accounting@sbcopy.com](mailto:accounting@sbcopy.com)


Thank you for your business!

Invoice SubTotal	\$35.00
Tax:	\$3.50
Invoice Total	\$38.50
<b>Balance Due:</b>	<b>\$38.50</b>

Check

Printing \$135.88

Front

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-359-9001		<b>CHASE</b> JPMorgan Chase Bank, N.A. www.Chase.com 84-13/654	5041
<b>PAY TO THE ORDER OF</b> Scott Baily Enterprises		5/9/2018	Security Features. Circle at back.
One Hundred Forty-Seven and 80/100*****		\$ 147.80	
MEMO Scott Baily Enterprises 11310 Industriplex Blvd. Baton Rouge, LA 70809 United States		DOLLARS	
		 AUTHORIZED SIGNATURE	
⑈00504⑈ ⑆065400⑆37⑈			

Back

For Deposit Only - JPMC		ENDORSE HERE
		CHECK HERE FOR DEPOSIT OR REMOTE DEPOSIT

Post date  
May 14, 2018Check #  
5041Check amount  
\$147.80JPMorgan Chase Bank, N.A. Member  
FDIC

©2018 JPMorgan Chase &amp; Co.

Equal Opportunity Lender

# Purchase Power® Account Statement

Statement Date April 5, 2018

*Postage \$206.96*

*+206.96 postage*

Page

## SUMMARY OF YOUR CHARGES

Previous Balance	\$132.69
Purchases	
Postage	\$100.00
Equipment and Services	\$106.96
Total Purchases	\$206.96
Payments	\$0.00
Credits	\$0.00
Other Charges	\$29.99
Finance Charges	\$2.52
New Balance	\$372.16
Minimum Payment Due 05/02/2018	\$30.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of May 02, 2018

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to  
[pitneybowes.com/us/paypurchasepower](http://pitneybowes.com/us/paypurchasepower)

WE HAVE NOT RECEIVED A PAYMENT SINCE YOUR LAST BILLING STATEMENT. IF PAYMENT HAS ALREADY BEEN REMITTED, PLEASE DISREGARD THIS MESSAGE. THANK YOU.

## PITNEY BOWES REWARDS POINTS

Previous Balance	2,6
- Points Redeemed	
- Points Adjusted	
Points Earned this billing period	2
New Rewards Balance	2,8
Review Details: <a href="http://pitneybowes.us/reward">pitneybowes.us/reward</a>	

Credit Line is: \$8,000.00  
Available Credit: \$7,627.84

Questions about this statement?  
[pitneybowes.us/signin](http://pitneybowes.us/signin)

Manage your account online, view and pay your bills, see detailed history, much more...

or  
Call Monday - Friday 8AM to 8PM ET  
800 243 7800. Please have your 16 digit account number available.

### Need Ink?

Order ink and supplies  
for your meter today.

[pitneybowes.com/us/suppliesnow](http://pitneybowes.com/us/suppliesnow)

The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 7-10 business days for mail delivery.

Tear

PURCHASE POWER  
2225 AMERICAN DRIVE  
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0923-5743	\$372.16	\$30.00	05/02/2018	\$

Change of address/contact information, please update at:  
[pitneybowes.com/us/support/addresschange](http://pitneybowes.com/us/support/addresschange)

Make check payable to **Purchase Power**

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

FAMILY VALUES RESOURCE  
Accounts Payable  
7515 SCENIC HWY  
BATON ROUGE LA 70807

Purchase Power  
PO BOX 371874  
PITTSBURGH PA 15250-7874

800090900923574300003000000372166

Purchase Pow

Page

**Postage Activity**

8000-9090-0923-5743

BATON ROUGE LA

Tran Date	Post Date	Description	Reference	Amount
04/04	04/05	Meter Refill SN-0585484	PBP #:50640960	\$
Postage Activity				\$100

**Total Postage Activity \$100.00****Equipment and Services Activity**

Tran Date	Post Date	Description	Details	Charges	Arr
03/14	03/14	METER RENTAL Order#0040522218			\$1
			K7M0 K7M0 - Mailstation2# Meter	89.97	
			City Tax	1.80	
			County Tax	2.70	
			State Tax	4.50	
			Meter Serial No. 0585484		
			From 20180401 To 20180630		
			RESETS Postage Refill Fee	7.99	
			Refills 01/24		

**Equipment and Services Activity****\$106****Total Equipment and Services Activity \$106.96****Purchase Power®****SEND OVERNIGHT CHECKS TO:**

PURCHASE POWER  
ATTN: BOX 371874  
500 ROSS STREET SUITE 154-0470  
PITTSBURGH PA 15262-0001

Purchase Pow

Page

**Credits**

Tran Date	Post Date	Description	Amount
--------------	--------------	-------------	--------

**Total Credits \$0.00****Other Charges**

Tran Date	Post Date	Description	Amount
04/01	04/01	LATE FEE	\$:

**Total Charges \$29.99****Finance Charges**

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$220.11	0.060%	22.00%	\$2.52

**Total Finance Charges \$2.52****Important Information****Access the following activities on our website:**

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to [pitneybowes.us/signin](http://pitneybowes.us/signin)

**Payment Options:** When making payments to your account, please include your 16 digit account # on your check and allow for 7-10 days for mailing and processing. You can make a payment online at [pitneybowes.us/signin](http://pitneybowes.us/signin). You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.

CHASE BUSINESS

BUSINESS CLASSIC (...8002) >

Available balance      Present balance      Available credit      Available plus credit

SHOWING      Search

Filtered by:      Apr 17, 2018 to Apr 17, 2018      ACH debit

Date	Description	Type	Amount
Apr 17, 2018	PITNEY BOWES PITNEY3 800090900923574 TEL ID: 3841386389 ACH debit	ACH debit	-\$372.16

You've reached the end of your account activity.

Pitney Bowes Print

Postage \$206.96

Page 1 of 1

Transaction Id	Account / Statements paid	Pay method	Pay Date	Paid amount	Status
16745377	8000-9090-0923-5743	Chase Account	04/16/2018	\$372.16	Success
Total paid: \$372.16					

Feb, Mar & Apr. invoices  
\$100, 32.69 + \$239.47

239.47  
32.69  

---

372.16





DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

Invoice Number:  
Due Date:  
Due This Period:

58811500  
05/01/2018  
\$218.98

Amount Enclosed:

\$ \_\_\_\_\_

3522053803 PRESORT 53803 1 AB 0.405 P1C210 <B>



FAMILY VALUES RESOURCE INSTITUTE INC  
ATTN AP  
PO BOX 74403  
BATON ROUGE LA 70874-4403

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000588115000000218981

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25411981  
Invoice Number: 58811500  
Account Number: 1053937  
Site Number: 3849724  
Invoice Date: 04/07/2018  
Period of Performance: 04/01/2018-04/30/2018  
Due This Period: \$218.98

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

## IMPORTANT MESSAGES

\*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY01100010	8	KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90

---

## Contact Us

---

### Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry
- Questions regarding Insurance
- General Questions regarding your bill

### Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

### Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

\*Please provide your contract number

---

**IMPORTANT REMINDER:** Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website [www.lesseedirect.com](http://www.lesseedirect.com)

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## Explanation of Charges

---

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

Check

Copier Lease \$196.90

Front

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-358-9001		<b>CHASE</b> JPMorgan Chase Bank, N.A. www.chase.com 84.13/654	5032 4/23/2018
PAY TO THE ORDER OF <b>De Lage Landen Financial Services, Inc</b>		<b>\$ 218.98</b>	DOLLARS Security Features: Details on back
Two Hundred Eighteen and 98/100			
De Lage Landen Financial Services, Inc PO Box 41602 Philadelphia, PA 19101-1602		<i>Barbara J. Thomas</i> AUTHORIZED SIGNATURE	
MEMO			
⑆005032⑆ ⑆065400137⑆			

Back

20180430 >021000058< PFC Bank DEP. TO CR. PAYEE ASS. OF END. STD. >021000058<		20180430 822897
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE CHECK HERE AFTER LOBILE OR REMOTE DEPOSIT		DATE

 Post date  
 Apr 30, 2018

 Check #  
 5032

 Check amount  
 \$218.98





(NOT FOR PAYMENTS)  
DEPARTMENT # 102430  
PO BOX 1259  
OAKS, PA 19456

6400 0210 NO RP 05 04062018 NNNNNNNY 01 000884 0004

FAMILY VALUES RESOURCE INSTITUTE  
INC  
7515 SCENIC HWY  
BATON ROUGE LA 70807-5447



April 05, 2018

**CONTACT US:** [www.coxbusiness.com](http://www.coxbusiness.com)  
 866-272-5777

Page 1 of 6



Account Number **001 5711 071045903**  
COX PIN 7515  
SERVICE ADDRESS 7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447

### ACCOUNT SUMMARY as of Apr 5, 2018

Previous Balance	\$545.83
Payment Received - Mar 28	-\$545.83
<b>Remaining Previous Balance</b>	<b>\$0.00</b>
<b>New Charges: Apr 5, 2018 - May 4, 2018</b>	
TV	\$85.99
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$0.12
Taxes, Fees and Surcharges	\$80.38
<b>New Charges</b>	<b>\$551.24</b>
<b>Total Due By Apr 27, 2018</b>	<b>\$551.24</b>

Telephone \$250.00  
Internet \$75.00  
+ 325.00



**Make Your Life Easier and GO GREEN!**

With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at [www.coxbusiness.com/myaccount](http://www.coxbusiness.com/myaccount)

April 05, 2018 bill for FAMILY VALUES RESOURCE INSTITUTE  
Account Number 001 5711 071045903  
Service at 7515 SCENIC HWY  
BATON ROUGE, LA 70807-5447

**Total Due By Apr 27, 2018** **\$551.24**

COX BUSINESS  
PO BOX 919243  
DALLAS TX 75391-9243



05711001182071045903020055124

**MONTHLY SERVICES** Apr 5 - May 4

**TV**

Digital Adapter	\$2.99
Cox Business TV Starter (qty 2)	20.00
Business TV Essential (qty 2)	38.00
Cox Business Advanced TV	4.00
Business TV DVR/HD Advanced Receiver	8.50

**Other Fees and Surcharges**

Regional Sports Surcharge	\$5.00
Broadcast Surcharge	7.50
<b>Total TV</b>	<b>\$85.99</b>

**INTERNET**

CBI 100 - 100 Mbps x 20 Mbps	\$115.00
<b>Total Internet</b>	<b>\$115.00</b>

**TELEPHONE**

225-355-2725

VoiceManager Flat Rated Local Line	\$25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
Business VoiceManager Group Hunting	0.00
Individual Voice Mailbox	0.00
VoiceManager Office Package	0.00

225-355-2333

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

**Monthly Services cont.**

225-356-1101

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-357-6822

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-357-6880

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-359-9001

VoiceManager Flat Rated Local Line	25.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00
VoiceManager Office Package	0.00

225-355-2742

VoiceManager Flat Rated Local Line	15.00
Network Interface Fee - Multi-Line	9.25
Cox Business Unlimited	5.00
DIRECTORY LISTING-NON PUBLISHED	0.00

**Payment options**

**Online:** Visit [cox.com](http://cox.com) to register for 24-hour online access or make payments to your account.

**Mail:** Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

**Phone:** You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

**In Person:** Visit [www.cox.com/business](http://www.cox.com/business) for a list of Cox Authorized Payment Centers.



**Monthly Services cont.**

VoiceManager Utility Line	0.00
<b>Total Telephone</b>	<b>\$264.75</b>
<b>COX TOLL FREE</b>	
855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
<b>Total Cox Toll Free</b>	<b>\$5.00</b>
<b>TOTAL MONTHLY SERVICES</b>	<b>\$470.74</b>

**USAGE CHARGES**

**Telephone Usage**

Usage for 225-355-2725	
Intrastate Long Distance	\$0.00
Usage for 225-355-2333	
Intrastate Long Distance	0.00
Usage for 225-356-1101	
Intrastate Long Distance	0.00
Usage for 225-357-6822	
Intrastate Long Distance	0.00
Interstate Cox LD - CB	0.00
Usage for 225-357-6880	
Intrastate Long Distance	0.00
Interstate Cox LD - CB (qty 4)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 3)	0.00
Interstate Cox LD - CB (qty 14)	0.00
<b>Total Telephone Usage</b>	<b>\$0.00</b>

**Toll Free Usage**

Usage for 855-696-2333	
Interstate Toll Free - CB (qty 2)	\$0.09
Intrastate Toll Free - CB (qty 2)	0.03
<b>Total Toll Free Usage</b>	<b>\$0.12</b>

**TOTAL USAGE CHARGES \$0.12**

**TAXES, FEES AND SURCHARGES**

**TV Taxes and Fees**

FCC Fee	\$0.08
Franchise Fee	4.71
PEG Access Fee	0.47
<b>Total TV Taxes and Fees</b>	<b>\$5.26</b>

**Telephone Taxes, Fees and Surcharges Taxes**

E-911 Tax (Commercial)	\$10.50
Interstate Telecomm Services	0.15
Federal Excise Tax	7.56
State Sales Tax	10.72
<b>Total Taxes</b>	<b>\$28.93</b>

**Fees and Surcharges**

Access Recovery Fee - Multi-Line	\$10.00
Telecommunications Tax for the Deaf	0.35
Carrier Cost Recovery Fee	0.67

**Taxes, Fees and Surcharges cont.**

Federal Universal Service Fund	18.30
Public Utility Excise Tax	11.99
Louisiana Universal Service Fund	4.88
<b>Total Fees and Surcharges</b>	<b>\$46.19</b>
<b>Total Telephone Taxes, Fees and Surcharges</b>	<b>\$75.12</b>

**TOTAL TAXES, FEES AND SURCHARGES \$80.38**

**TOTAL NEW CHARGES \$551.24**

**TELEPHONE USAGE DETAILS for 225-355-2725**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 29					
11:16A	THIBODAUX, LA	985-446-5004	11:36	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>11:36</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-355-2333**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 3					
02:46P	NEW IBERIA, LA	337-380-2658	:54	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>:54</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-356-1101**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 7					
11:27A	NEWORLEA, LA	504-507-8348	:30	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>:30</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-357-6822**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 3					
01:45P	LK CHARLES, LA	337-497-0034	:30	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>:30</b>		<b>\$0.00</b>

**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 12					
10:04A	HOUSTON, TX	832-294-4313	:54	DD/D	0.0000
<b>Total Interstate Long Distance</b>			<b>:54</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-357-6880**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Apr 3					
02:39P	RUSTON, LA	318-255-7377	:12	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>:12</b>		<b>\$0.00</b>

**Interstate Long Distance**

**Telephone Usage Details cont.**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 13					
09:19A	OKLA CITY ,OK	405-754-7744	:24	DD/D	0.0000
Mar 26					
03:19P	HOUSTON ,TX	832-294-4313	1:24	DD/D	0.0000
Mar 27					
03:28P	FOREST ,IL	708-834-3639	:06	DD/D	0.0000
03:28P	FOREST ,IL	708-834-3639	:42	DD/D	0.0000
<b>Total Interstate Long Distance</b>			<b>2:36</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 225-359-9001**

**Intrastate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 13					
09:36A	LAFAYETTE ,LA	337-983-6167	:12	DD/D	0.0000
Apr 3					
02:46P	NEW IBERIA ,LA	337-256-5913	:06	DD/D	0.0000
03:03P	NEW IBERIA ,LA	337-380-2658	:42	DD/D	0.0000
<b>Total Intrastate Long Distance</b>			<b>1:00</b>		<b>\$0.00</b>

**Interstate Long Distance**

Time	Place	Number	Min: Sec	Rate/ Time	Amt
Mar 7					
09:43A	ATLANTA N ,GA	770-638-3444	2:24	DD/D	0.0000
Mar 12					
10:59A	ST LOUIS ,MO	314-480-3949	2:06	DD/D	0.0000
03:40P	ST LOUIS ,MO	314-480-3949	2:12	DD/D	0.0000
Mar 13					
09:10A	ST LOUIS ,MO	314-480-3949	:54	DD/D	0.0000
09:12A	ST LOUIS ,MO	314-332-2256	:48	DD/D	0.0000
09:13A	ST LOUIS ,MO	314-332-2326	:18	DD/D	0.0000
02:41P	NEW YORK ,NY	718-812-1522	:54	DD/D	0.0000
02:43P	ST LOUIS ,MO	314-332-2256	1:54	DD/D	0.0000
Mar 14					
01:31P	ATLANTA ,GA	404-901-7445	:36	DD/D	0.0000
Mar 19					
10:27A	ORLANDO ,FL	321-318-3457	2:42	DD/D	0.0000
Mar 20					
10:54A	ORLANDO ,FL	321-318-3457	:30	DD/D	0.0000
Mar 21					
09:13A	LADUE ,MO	314-569-8899	2:00	DD/D	0.0000
09:22A	ORLANDO ,FL	321-318-3457	:30	DD/D	0.0000
02:05P	HOUSTON ,TX	713-705-2443	1:24	DD/D	0.0000
<b>Total Interstate Long Distance</b>			<b>19:12</b>		<b>\$0.00</b>

**TELEPHONE USAGE DETAILS for 855-696-2333**

**Interstate Toll Free**

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Mar 6					
04:36P	CAMBRIDGE ,MA	617-308-8782	:12	DD/D	0.0100
Mar 14					
02:33P	CAMBRIDGE ,MA	617-308-8782	1:36	DD/D	0.0800
<b>Total Interstate Toll Free</b>			<b>1:48</b>		<b>\$0.09</b>

**Intrastate Toll Free**

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Mar 5					
10:09P	RAYVILLE ,LA	318-334-7100	:06	DD/E	0.0050
Mar 25					
09:34P	MANDEVILLE ,LA	985-789-7626	:24	DD/N	0.0200

**Telephone Usage Details cont.**

<b>Total Intrastate Toll Free</b>	<b>:30</b>	<b>\$0.03</b>
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**Rate Codes**

DD = Direct Dial

**Time Codes**

D = Day

E = Evening

N = Night/Weekend

**NEWS FROM COX**

**Channel Change Notice:** To provide you with the best TV viewing experience, on May 9, 2018, Cox will be making the following changes to our TV Lineup.

Showtime Women HD channel 1346, Showtime Family Zone HD channel 1345, Showtime 2 HD channel 1341, Showtime Next HD channel 1347, and The Movie Channel Extra HD channel 1351 will be added to the Showtime lineup. MovieMax HD channel 1324 will be added to the Cinemax lineup. Starz Encore en Español HD channel 1197 will be added to Movie Pak lineup. TVG Network channel 1248 will be added to the Sport and Information lineup. In Gramercy and Litcher, WUPL-DT2, Quest Television Network channel 124 will be added to the Starter lineup.

Channels will be available to customers who subscribe to the required TV lineup and receive their service with a compatible Cox digital receiver or CableCARD. For more information about these changes, please visit [www.cox.com/channels](http://www.cox.com/channels).

**Channel Change Notice:** To provide you with the best TV viewing experience Cox will be making the following changes to our TV Lineup.

Cox will make changes to the channel lineup which will impact the location of High Definition (HD) channels for customers with a Contour receiver. Beginning on June 5, 2018, when an HD channel is available, the HD channel will replace the Standard Definition channel that is currently available below channel 1000. Channel positions of networks that do not have an HD version will remain unchanged. If you are a Contour DVR customer, any scheduled recordings in HD will not be affected by this change, including recording of scheduled recurring series.

The following additional lineup changes will occur on June 5, 2018: Cinelatino will move from channel 299 to channel 267. The following networks will now also be available on these channel positions for Contour TV customers: Hola TV HD on channel 299, EPIX Drive-In HD on channel 192, EPIX Hits HD on channel 191, EPIX 2 HD on channel 190, MTV Live HD on channel 770, Velocity HD on channel 769, and The Olympic Channel on channel 768.

**CUSTOMER INFORMATION**

**Billing, Payment Policies and Fees:**

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On Demand/pay-per-view and long distance. Payment in full is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment



**Customer Information cont.**

listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees. If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

**Closed Captioning:** If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption concern you may contact:

W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

**Basic Local Telephone Service:** You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone service.

**911 Services:** If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will **not** be available. Please review the following website for additional important information about Cox's 911 practices: <https://www.cox.com/business/phone/e911-regulatory.html>.

**Louisiana Do Not Call List**

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at <http://www.lpsc.org>. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit [www.donotcall.gov](http://www.donotcall.gov).

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: [www.lpsc.org/donotcall](http://www.lpsc.org/donotcall), or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

**Billing Dispute and Resolution**

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

# Checking Your Battery is Good Business!

Cox wants you to be prepared and provides a battery inside each telephone modem (eMTA) associated with your Cox Business voice service providing 8 hours of service under normal use when the commercial power is interrupted.

**Make sure you are prepared in the event of a power outage at your location:**

- Remember to check the battery regularly and ensure it is charged
- If the battery needs replacing or you have any questions, call Customer Service at 1-866-272-2577
- If your service does not have a telephone modem (eMTA) similar to the one shown, you can ignore this message

**To learn how, visit [coxbusiness.com/batteries](http://coxbusiness.com/batteries)**

Ensure your Business is Prepared  
by Acting Today




**COX**  
Business

Check

Telephone \$ 250.00

Front

Internet \$ 75.00

<b>FAMILY VALUES RESOURCE INSTITUTE, INC</b> Serving Families For Over 20 Years P.O. BOX 74403 BATON ROUGE, LA 70874 225-359-9001		<b>CHASE</b> JPMorgan Chase Bank, N.A. www.Chase.com 84-13/654	5028 4/17/2018
PAY TO THE ORDER OF Cox Business		\$ **551.24	Security Features. Details on back.
Five Hundred Fifty-One and 24/100		DOLLARS	
Cox Business P.O. Box 919243 Dallas TX. 75391-9243		AUTHORIZED SIGNATURE 	
MEMO TV, Internet, & Telephone Services			
⑆005028⑆ ⑆065400137⑆			

Back

FEDERAL RESERVE BOARD OF GOVERNORS REG. NO. 10920		ENDORSE HERE <input type="checkbox"/> CHECK HERE AFTER MOBILE OR NOTE DEPOSIT DATE:
JPMORGANCHASE BK N.A.		PAY TO NMD PAYEE ALL RTS R3VD
042318	⑆074809962⑆	0000000701331785
37689511	0919243	
00997081	174	

 Post date  
 Apr 23, 2018

 Check #  
 5028

 Check amount  
 \$551.24



# Online Client Database

## Proof of Payment \$455.00

### Accounts

\*\*\*\*1380

Available  
BalanceTransactions

Statements

Details

Servicing

Date	Amount
05/15/2018	-\$50.00 ✓
05/15/2018	-\$50.00 ✓
05/15/2018	-\$75.00 ✓
05/15/2018	-\$50.00 ✓
05/15/2018	-\$90.00 ✓
05/15/2018	-\$90.00 ✓
05/15/2018	-\$50.00 ✓

Online Client  
Database  
Total

50.00 +  
50.00 +  
75.00 +  
50.00 +  
90.00 +  
90.00 +  
50.00 +  
455.00 \*



234 Mountain Forest Trail  
Calera, AL 35040

# Invoice

Online Client Database

DATE	INVOICE #
4/30/2018	MB-18942

<b>BILL TO</b>
Louisiana Alliance for Life Family Values Resource Institute, Inc. Post Office Box 74403 Baton Rouge, LA 70874

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00
CoolFocus Text S...	CoolFocus Text Service		15.00	15.00
			<b>Total</b>	<b>\$90.00</b>
			<b>Payments/Credits</b>	<b>\$0.00</b>
			<b>Balance Due</b>	<b>\$90.00</b>

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
mike@waycoolsw.com

# Online Client Database

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18942

Invoice total \$90.00

Amount paid \$90.00

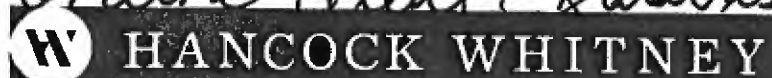
Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn3q9

Online Client Database - INV. # MB-18942



## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$90.00
Balance	



DATE	INVOICE #
4/30/2018	MB-19173

<b>BILL TO</b>
<b>Louisiana Alliance for Life Woman's New Life Center-Baton Rouge 760 Colonial Dr Baton Rouge, LA 70806</b>

				DUE DATE
				5/30/2018
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	\$50.00
			<b>Payments/Credits</b>	\$0.00
			<b>Balance Due</b>	\$50.00
<b>Phone #</b>		<b>E-mail</b>		
888-746-6753		mike@waycoolsw.com		



# Online Client Database

Page 1 of 1

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19173

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

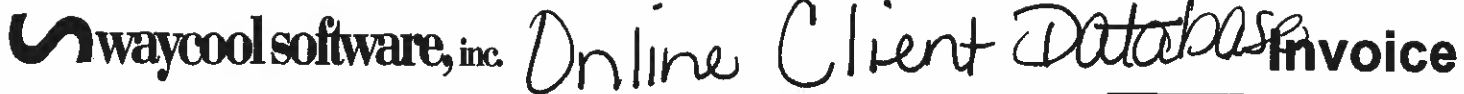
Transaction ID aj1sn6oe

Online Client Database - INV #: MB-19173



## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	



234 Mountain Forest Trail  
Calera, AL 35040

DATE	INVOICE #
4/30/2018	MB-19094

<b>BILL TO</b>
Louisiana Alliance for Life Pregnancy Problem Center 4724 Jamestown Avenue Baton Rouge, LA 70808

<b>DUE DATE</b>
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	<b>\$50.00</b>

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

<b>Balance Due</b>	<b>\$50.00</b>
--------------------	----------------

# Online Client Database

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19094

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn7u3

*Online Client Database - INV.# MB-19094*

## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	



# Online Client Database Invoice

234 Mountain Forest Trail  
Calera, AL 35040

DATE	INVOICE #
4/30/2018	MB-19175

<b>BILL TO</b>
Louisiana Alliance for Life Women's Center of Lafayette 1331 Jefferson Avenue Lafayette, LA 70501

DUE DATE
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00
			<b>Total</b>	<b>\$50.00</b>
			<b>Payments/Credits</b>	<b>\$0.00</b>
			<b>Balance Due</b>	<b>\$50.00</b>

<b>Phone #</b>
888-746-6753

<b>E-mail</b>
mike@waycoolsw.com

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19175

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn8s2

Online Client Database - INV.# MB-19175

**W** HANCOCK WHITNEY

## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$50.00
Balance	





# Invoice

DATE	INVOICE #
4/30/2018	MB-19005

<b>BILL TO</b>
Louisiana Alliance for Life Life Choices of North Central Louisiana 211 West Texas Avenue Ruston, LA 71270

<b>DUE DATE</b>
<b>5/30/2018</b>

[illegible]

Phone #
888-746-6753

**E-mail**

**mike@waycoolsw.com**

<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$90.00</b>

# Online Client Database <sup>Page 1 of 1</sup>

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-19005

Invoice total \$90.00

Amount paid \$90.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

Transaction ID aj1sn9t2

*Online Client Database MB-19005*

HANCOCK WHITNEY

## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$90.00
Balance	



234 Mountain Forest Trail  
Calera, AL 35040

DATE	INVOICE #
4/30/2018	MB-18894

<b>BILL TO</b>
Louisiana Alliance for Life Cenla Pregnancy Center PO Box 13907 Alexandria, LA 71315

<b>DUE DATE</b>
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		50.00	50.00

		<b>Total</b>	<b>\$50.00</b>
		<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Phone #</b>	<b>E-mail</b>	<b>Balance Due</b>	<b>\$50.00</b>

Phone #
888-746-6753

E-mail
mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent

We sent a confirmation email.

WayCool Software, Inc.

Invoice no. MB-18894

Invoice total \$50.00

Amount paid \$50.00

Balance Due \$0.00

Date paid May 14, 2018

Payment method Checking ●●●●1380

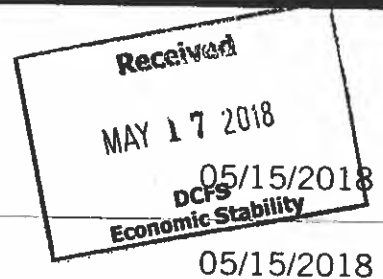
Transaction ID aj1snamw

Online Client Database MB-18894



HANCOCK WHITNEY

## Transactions Details



Posting Date

Transaction Date

Description

WAY COOL SOFTWARE

Transaction Type

Debit

Amount

\$50.00

Balance





DATE	INVOICE #
4/30/2018	MB-18927

<b>BILL TO</b>
Louisiana Alliance for Life Crossroads Pregnancy Resource Center 105 Saint Louis Street Thibodaux, LA 70301

<b>DUE DATE</b>
5/30/2018

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
CoolFocusWeb M...	CoolFocusWeb Monthly Lease		75.00	75.00

		<b>Total</b>	<b>\$75.00</b>
		<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Phone #</b>	<b>E-mail</b>	<b>Balance Due</b>	<b>\$75.00</b>

**Phone #**  
**888-746-6753**

**E-mail**  
mike@waycoolsw.com

# Online Client Database

Page 1 of 1

Payment sent  
We sent a confirmation email.

WayCool Software, Inc.

Invoice no.MB-18927

Invoice total \$75.00

Amount paid \$75.00

Balance Due \$0.00

Date paidMay 14, 2018

Payment method      Checking ●●●●1380

Transaction IDaj1sncdv



Online Client Database MB-18927



HANCOCK WHITNEY

## Transactions Details

Posting Date	05/15/2018
Transaction Date	05/15/2018
Description	WAY COOL SOFTWARE
Transaction Type	Debit
Amount	\$75.00
Balance	

Maintenance. Janitorial 80%

Willing Mind Janitorial Service, LLC.

P. O. Box 1773

Prairieville, LA 70769

(225) 677-9839

wmjanitorial@yahoo.com

\$605.60



## INVOICE

### BILL TO

Barbara J. Thomas  
Family values Resource  
Institute, Inc.  
7515 Scenic Highway  
Baton Rouge, La. 70807

Maintenance

757.00 x  
80% x  
605.60 +

INVOICE # 2578

DATE 05/02/2018

DUE DATE 05/02/2018

TERMS Due on receipt

### ACTIVITY

#### Services

Monthly Janitorial Service-

### AMOUNT

757.00

BALANCE DUE

\$757.00

x 80%  
605.60

Janitorial \$605.60





## Transactions Details

Posting Date	05/07/2018
Transaction Date	05/07/2018
Description	DDA CHECK 0000001623
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DBA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-359-0001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1623 5/3/2018
PAY TO THE ORDER OF Willing Minds Janitorial Services, LLC		\$ **757.00	0000001623
Seven Hundred Fifty-Seven and 00/100*****			DOLLARS
Willing Minds Janitorial Services, LLC PO Box 1773 Prairieville, LA 70769			
MEMO April Services		 BARBARA J. THOMAS AUTHORIZED SIGNATURE	
⑆001623⑆ ⑆065400153⑆			

Sanitorial \$605.60



## Transactions Details

Posting Date	05/07/2018
Transaction Date	05/07/2018
Description	DDA CHECK 0000001623
Transaction Type	Debit
T/C	0075
Amount	\$757.00
Balance	

Front

Back

050718 - 97090001340560 - [REDACTED]

Deposit only

# Accounting / Bookkeeping \$1304.86

Latosha Isaac

1175 Lakemont Dr.  
Baton Rouge, LA  
70816

## Invoice

Accounting / Bookkeeping

Date	Invoice #
4/13/2018	43

1,304.86 +

1,304.86 +

2,609.72 \*

Total

### Bill To

Louisiana Alliance For Life  
Family Values Resource Institute, Inc  
7515 Scenic Highway  
Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services Apr 1 - Apr 15	1,646.57
<p>Professional Services</p> <p>Accounting / Bookkeeping 2,609.72 + Public Relations 800.00 + Evaluator 900.00 + 4,309.72 *</p> <p>Total</p>	
	<b>Total</b> \$1,646.57

Accounting / Bookkeeping \$1304.10



## Transactions Details

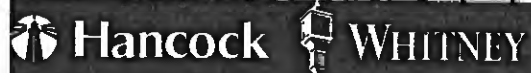
Posting Date	04/12/2018
Transaction Date	04/12/2018
Description	PAYROLL PAYCHEX INC. 041218
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

**Latosha Isaac**

# Invoice

79%

Description	Amount
Bookkeeping Services Apr 16 - Apr 30	1,646.57
Total	\$1,646.57

*Accounting / Bookkeeping \$1304.80*

## Transactions Details

Posting Date	04/27/2018
Transaction Date	04/27/2018
Description	PAYROLL PAYCHEX INC. 042718
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	



# Public Relations

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2

Baton Rouge, LA 70816

## Invoice

Date	Invoice #
5/7/2018	88

Bill To
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

Received
MAY 17 2018
DCFS Economic Stability

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Public Relations activities for April 2018: * Scheduled several appointments with Ashley and Michael of nola.com. * Met with Sarah on several occasions of nola.com. * Responded to emails  • • •  $\begin{array}{r} \text{Public Relations } 800.00 + \\ \text{Evaluator } 900.00 + \\ \hline \text{Total } 1,700.00 * \end{array}$	800.00	800.00
		<b>Total</b>	<b>\$800.00</b>

# K Valuator

Resource & Fund Development, LLC

5525 Superior Drive, Ste. C2

Baton Rouge, LA 70816

## Invoice

Date	Invoice #
5/7/2018	89

<b>Bill To</b>
FVRI 7515 Scenic Highway Baton Rouge, LA 70807

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	<p>Evaluation Activities for April 2018</p> <ul style="list-style-type: none"><li>•Requested data from subcontractors and reminded them of deadline.</li><li>•Reminded subcontractors to complete the client service forms.</li><li>•Responded to subcontractors' emails.</li><li>•Responded to subcontractors telephone calls.</li><li>•Checked for subcontractors' data on database.</li><li>•Checked for subcontractors, whose data was not on the Number of Women Who Commit to Full-Term Pregnancy, report.</li><li>•Entered data on TANF database.</li><li>•Called Barbara Thomas that data had been entered on TANF database.</li><li>•Emailed and called Michael Ferris that data was complete and ready for approval.</li><li>•Sent email to Barbara and Michael re year-to-date performance indicators, and suggestions for corrective actions.</li></ul>	900.00	900.00
<b>Total</b>			\$900.00

Public Relations \$800.00 &amp; Evaluator \$900.00





HANCOCK WHITNEY

## Transactions Details

Posting Date	05/11/2018
Transaction Date	05/11/2018
Description	DDA CHECK 0000001624
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back

	<b>FAMILY VALUES RESOURCE INSTITUTE INC.</b> <b>DEA LOUISIANA ALLIANCE FOR LIFE</b> PO BOX 74403 PH. 225-459-8001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1624 H-15894
PAY TO THE ORDER OF Resource & Fund Development, LLC		5/9/2018	
One Thousand Seven Hundred and 00/100*****		\$ 1,700.00	
MEMO Resource & Fund Development, LLC 5525 Superior Drive Suite C-2 Baton Rouge, LA 70816			DOLLARS
1623			
0001624 065400153			

Public Relations &amp; Evaluator



HANCOCK WHITNEY

## Transactions Details

Posting Date	05/11/2018
Transaction Date	05/11/2018
Description	DDA CHECK 0000001624
Transaction Type	Debit
T/C	0075
Amount	\$1,700.00
Balance	

Front

Back

051118 - 96190002871685 - [REDACTED]

LTD, LLC

## Subcontractor Payments



HANCOCK WHITNEY

## Transactions Details

Posting Date	05/14/2018
Transaction Date	05/14/2018
Description	PAYCHEX INC.
Transaction Type	Debit
Amount	\$27,400.00
Balance	

Subcontractors

Centq	→ 4,300.00 +
Crossroad	→ 2,300.00 +
Life Choices	→ 4,300.00 +
Pregnancy Problems	→ 3,300.00 +
Woman's New Life (Be)	→ 2,300.00 +
Woman's New Life (No)	→ 2,300.00 +
Womens Ctr (Lat)	→ 4,300.00 +
Woman's Help Ctr	→ 4,300.00 +
	27,400.00 *
Total	

# Subcontractor Payments

0060 0060-T246 Family Values Resource Institute Inc

## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS					
**** 300 1099 Celia Pregnancy...(IC) 38	1099 Misc Comp			4,300.00					Direct Deposit # 506 Check Amt 0.00 Chkg 1255 4,300.00 Net Pay 4,300.00
20	Crossroads Preg...(IC)	1099 Misc Comp		2,300.00					Direct Deposit # 507 Check Amt 0.00 Chkg 1232 2,300.00 Net Pay 2,300.00
23	Life Choices of...(IC)	1099 Misc Comp		2,300.00					Direct Deposit # 508 Check Amt 0.00 Chkg 3581 4,300.00 Net Pay 4,300.00
22	Pregnancy Probl...(IC)	1099 Misc Comp		3,300.00					Direct Deposit # 509 Check Amt 0.00 Chkg 2289 3,300.00 Net Pay 3,300.00
27	Womens Center o...(IC)	1099 Misc Comp		3,300.00					Direct Deposit # 510 Check Amt 0.00 Chkg 9749 4,300.00 Net Pay 4,300.00
26	Womens Help Center (IC)	1099 Misc Comp		4,300.00					Direct Deposit # 511 Check Amt 0.00 Chkg 8002 4,300.00 Net Pay 4,300.00
24	Womens New Life...(IC)	1099 Misc Comp		2,300.00					Direct Deposit # 512 Check Amt 0.00 Chkg 0051 4,600.00 Net Pay 4,600.00
300 1099 TOTALS	EMPLOYEE TOTAL			4,600.00					
7 Person(s) 7 Transaction(s)	1099 Misc Comp			27,400.00					Check Amt 0.00 Dir Dep 27,400.00 Net Pay 27,400.00
300 1099 TOTAL	EMPLOYEE TOTAL			27,400.00					
COMPANY TOTALS	1099 Misc Comp			27,400.00					Check Amt 0.00 Dir Dep 27,400.00 Net Pay 27,400.00

0060 0060-T246 Family Values Resource Institute Inc  
Run Date 05/09/18 02:14 PM

Period Start - End Date 04/01/18 - 04/30/18  
Check Date 05/15/18

## PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS REIMB. & OTHER PAYMENTS			
(IC) = Independent Contractor	COMPANY TOTAL			27,400.00			Net Pay 27,400.00

# LOUISIANA


Alliance for Life

## Monthly Report Approval

Month: APRIL 2018

ST. LOUIS AREA ST. ANTHONY CENTER		
	Points	Dollar Amount
Client Service Points / Amount	340.5	\$4,300.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$4,300.00

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: \_\_\_\_\_ CONTRACT NO.: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ COUNTY SECTOR: \_\_\_\_\_  
 BRANCH OFFICE: \_\_\_\_\_

Please submit this report with client services documentation which includes a signed LAL Client Services Results, Case Information forms, and LAL Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL ELIGIBLE CLIENTS SERVED
Pregnancy Testing	21
New clients who took a pregnancy test and commit to full-term pregnancy	15
Pregnancy Retest	1
Returning clients who retested and commit to full-term pregnancy	1
Adoption Education counseling or informational sessions	16
Male-Adoption Education	6
Abortion Prevention Education counseling or informational sessions	16
Male-Abortion Prevention Edu.	6
Abstinence Education counseling or informational sessions	13
Male-Abstinence Education	3
Parenting Information counseling or informational sessions	17
Male-Parenting Information	6

REFERRALS (1/2 POINT)	TOTAL ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL POINTS (1/2 POINT)	TOTAL CLIENTS
1 Adoption Agency		0		
2 Adult Education/GED	4	2	4	
3 Employment	6	3	4	
4 Food/Clothing	14	7	11	
5 Housing	2	1	1	
6 Medicaid (NOT certified app. centers)	20	10	19	
7 OB/GYN	19	9.5	19	
8 PreMarital/Marriage Counseling	1	0.5		
9 Professional Counseling	2	1		
10 Rape Crisis Center		0		
11 Rent/Utilities	1	0.5		
12 SNAP/FITAP	10	5	9	
13 STD/HIV Testing	5	2.5	3	
14 WIC	14	7	15	
15 Public Assistance	11	5.5	10	
OTHER SERVICES (2 points)	TOTAL ELIGIBLE CLIENTS SERVED	Other Services Points		
Client Parenting/Prenatal Classes (#classes x total # participants)	15	30		
Male Prenatal/Parenting Classes (#classes x total # participants)	3	6		
Follow Up - Pregnancy Decisions	12	24		
Follow Up - Pregnancy Outcomes	5	10		
<b>TOTAL SERVICES</b>	<b>265</b>		<b>95</b>	<b>360</b>
<b>TOTAL POINTS</b>	<b>121</b>	<b>124.5</b>	<b>95</b>	<b>340.5</b>

### VITAMIN ANGELS INVENTORY

**MUST BE COMPLETED MONTHLY**

Date	5/1/2018
Beginning Inventory	22
# Clients Served	14
Amount Distributed	14
Amount Remaining	8

Services Reimbursement	
Total Monthly Points	
1-149	\$2,300
150-299	\$3,300
300 +	\$4,300

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

<b>Subcontractor:</b> Cenla Pregnancy Center	<b>Services Month:</b> April	<b>Date:</b> 5/1/2018
--	------------------------------	-----------------------

PARENTING/PRENATAL CLASSES			
<i>Please attach all corresponding LAI Prenatal/Parenting Education Attendance forms (group &amp; individual). For individual sessions, use the last column to indicate the chart # of the LAMP eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total # of LAMP Eligible Participants	Total # LAMP Partner/Spouse Participants
4/2/2018	Spring Garden- Pregnancy	#12	
4/26/2018	EWYL 9.1 Postpartum Baby Blues	#4	
4/12/2018	Breastfeeding (continuation)	#26	
4/18/2018	Intro to Labor/Delivery	#26	
4/25/2018	Labor/Delivery 11.2	#26	
4/5/2018	Lesson 3.1 Pregnancy the 2nd trimester	#5	1 MP
4/19/2018	Lesson 4.1 Pregnancy and the 3rd trimester	#5	
4/26/2018	Lesson 4.2 Getting Ready for Baby	#5	
4/18/2018	Second Trimester of Pregnancy	#22	1 MP
4/25/2018	Lesson 2.3 "What is Safe" & "Understanding Baby's Cry"	#22	
4/2/2018	The First Trimester	#43	
4/23/2018	EWYL Lesson 3.1 Nutrition	#32	
4/25/2018	Lesson 3.1 The Second Trimester	#49	1 MP
4/16/2018	Pregnancy The First Trimester	#54	
4/23/2018	Lesson 1.2, Prenatal Care, Your Developing Baby	#54	
<b>TOTALS</b>			

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

<b>Subcontractor:</b> Cenla Pregnancy Center	<b>Services Month:</b> Apr-18	<b>Date:</b> 5/1/2018
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[illegible]

# LOUISIANA

## Alliance for Life Monthly Report Check List

Subcontractor	Date Received	Chert Services	Amount
<b>CENLA Pregnancy Center</b>			
Claire Lemoine 318-314-3064 (o) 318-305-7301 (c)	5/1/18	340.5	✓ \$4,300.00
<b>Crossroads Pregnancy Resource Center</b>			
Michele Beary 985-446-5004 (o) 985-859-9907 (c)	5/8/18	75	✓ \$2,300.00
<b>Life Choices of North Central Louisiana</b>			
Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	5/8/18	450	✓ \$4,300.00
<b>Pregnancy Problem Center</b>			
Frances Coleman 225-924-1400 (o)	4/30/18	214.5	✓ \$3,300.00
<b>Woman's New Life Center – Baton Rouge</b>			
Allison Millet 225-218-4862 (o) 504-301-7573 (c)	5/4/18	8	✓ \$2,300.00
<b>Woman's New Life Center – NO</b>			
Allison Millet 504-469-0212 (o) 504-301-7573 (c)	5/5/18	5	✓ \$2,300.00
<b>Women's Center of Lafayette</b>			
Michela Camel 337-289-9366 (o)	4/30/18	407	\$4,300.00
<b>Women's Help Center</b>			
Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	5/7/18	317	\$4,300.00
>>>APRIL 2018>>>> TOTAL Dollar Amount>>>>>			\$27,400.00

# LOUISIANA

Alliance for Life

## Monthly Report Approval

Month: APRIL 2018

Support of the Children of the Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	450	\$4,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$4,300.00</b>

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME	THE OAKS AT ACES	PROGRAM NAME	Adoption Clinic
CONTACT NAME	Michelle Herring	PROGRAM CREATION NUMBER	
PHONE NUMBER	504-594-4327	SERVICES MONTH	Aug 18 - Sept 22/11

Please submit supporting referral services documentation which includes relevant LAL client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL YAMF Eligible Clients Served
Pregnancy Testing	22
New clients who took a pregnancy test and commit to full-term pregnancy	16
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	22
Male-Adoption Education	5
Abortion Prevention Education counseling or informational sessions	22
Male-Abortion Prevention Edu.	5
Abstinence Education counseling or informational sessions	22
Male-Abstinence Education	4
Parenting Information counseling or informational sessions	47
Male-Parenting Information	8

REFERRALS (1/2 Point)	TOTAL YAMF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	12	6	6
3 Employment	13	6.5	7
4 Food/Clothing	23	11.5	4
5 Housing	16	8	5
6 Medicaid (NOT certified app. centers)	17	8.5	11
7 OB/GYN	21	10.5	11
8 PreMarital/Marriage Counseling	4	2	1
9 Professional Counseling	4	2	2
10 Rape Crisis Center	0	0	
11 Rent/Utilities	4	2	
12 SNAP/FITAP	4	2	
13 STD/HIV Testing	23	11.5	10
14 WIC	15	7.5	9
15 Public Assistance	23	11.5	5

OTHER SERVICES (2 points)	Total YAMF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	18	36
Male Prenatal/Parenting Classes (#classes x total # participants)	17	34
Follow Up - Pregnancy Decisions	10	20
Follow Up - Pregnancy Outcomes	13	26

<b>TOTAL SERVICES</b>	<b>411</b>		<b>71</b>	<b>482</b>
<b>TOTAL POINTS</b>	<b>173</b>	<b>206</b>	<b>71</b>	<b>450</b>

### VITAMIN ANGELS INVENTORY

**MUST BE COMPLETED MONTHLY**

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

Subcontractor Life Choices of North	Services Month: April 2018	Date: 5/1/2018
-------------------------------------	----------------------------	----------------

<b>PARENTING/PRENATAL CLASSES</b>			
<i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group &amp; individual) For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For</i>			
<b>Date</b>	<b>Topic</b>	<b>Chart # or Total # of</b>	<b>Total #Male</b>
4/3/18 @ 3:30	Pregnancy by Amanda Russell	2	1
4/17/18 @ 3:30	Milestone 7-12 Months by Beth Foster	2	2
4/24/18 @ 3:30	Emotionally Healthy Children - Babies and Toddlers	3	2
4/3/18 @ 6:00	Safe Sleep by La. Tech Nursing Students	3	4
4/17/18 @ 6:00	Hand Washing and Newborn Care by La. Tech Nursing Students	2	4
4/24/18 @ 6:00	Home and Car Seat Safety by La. Tech Nursing Students	6	4
<b>TOTALS</b>		<b>18</b>	<b>17</b>

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

**Services Month:**

Date:

5/8/2018

## COMMUNITY OUTREACH ACTIVITIES

he had the pills, spending her weekends, walking for life, etc.

[illegible]



# LOUISIANA

Alliance for Life

## Monthly Report Approval

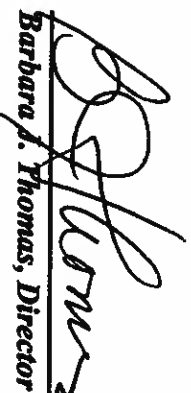
Month: APRIL 2018

Shelby County - Memphis Probation Center		
	Points	Dollar Amount
Client Service Points / Amount	214.5	\$3,300.00
Client Service Reports/documentation	YES	
<b>TOTAL Dollar Amount Paid</b>	<b>&gt;&gt;&gt;&gt;</b>	<b>\$3,300.00</b>

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

<b>NAME</b>	<b>NAME</b>
<b>PHONE NUMBER</b>	<b>PHONE NUMBER</b>

Please submit supporting client services documentation which includes, but is not limited to, client service records, case information, program and/or program evaluation information, etc. for reimbursement.

ORIGINAL SERVICES (1 point)	Points Earned
Pregnancy Testing	12
New clients who took a pregnancy test and commit to full-term pregnancy	10
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	12
Male-Adoption Education	6
Abortion Prevention Education counseling or informational sessions	12
Male-Abortion Prevention Edu.	6
Abstinence Education counseling or informational sessions	12
Male-Abstinence Education	6
Parenting Information counseling or informational sessions	11
Male-Parenting Information	5

REFERRALS (1.5 points)	Total TANF Eligible Clients Served	Referral Points	Referral Follow-Up (1 point) Total Clients
1 Adoption Agency		0	
2 Adult Education/GED	1	0.5	1
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	11	5.5	7
7 OB/GYN	11	5.5	7
8 PreMarital/Marriage Counseling	1	0.5	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	12	6	1
14 WIC	11	5.5	7
15 Public Assistance		0	

OTHER SERVICES (2 points)	TANF Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	22	44
Male Prenatal/Parenting Classes (#classes x total # participants)	6	12
Follow Up - Pregnancy Decisions	7	14
Follow Up - Pregnancy Outcomes	3	6

<b>TOTAL SERVICES</b>	<b>177</b>	<b>99.5</b>	<b>23</b>	<b>TOTAL</b>
<b>TOTAL POINTS</b>	<b>92</b>	<b>99.5</b>	<b>23</b>	<b>214.5</b>

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	30-Apr
Beginning Inventory	39
# Clients Served	11
Amount Distributed	11
Amount Remaining	28

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

**Subcontractor:** Family Life Federation/Pregnancy Probi **Services Month:** April.2018 **Date:** 4/30/2018

PARENTING/PRENATAL CLASSES			
Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the VANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.			
Date	Topic	Chart # or total VANF Eligible Participants	Total # Male Partner/Spouse Participants
4/30/2018	First Years last Forever	1	1
4/10/2018	Bonding with New Born Baby 2.4	1	1
4/10/2018	First Years last Forever	1	1
4/11/2018	First Years last Forever	1	
4/12/2018	First Years last Forever	1	
4/17/2018	Going It Alone 1.4	1	
4/19/2018	Dunston Baby Language	1	
4/16/2018	First Years last Forever	1	1
4/16/2018	Smart Sex	1	1
4/17/2018	First Years last Forever	1	
4/23/2018	First Years last Forever	1	1
04/24/2018	First Years last Forever	1	
4/5/2018	Importance of Bonding with Baby 4.5	1	
04/24/2018	First Years last Forever	1	
04/09/2018	Nutrition 1.3	1	
4/3/2018	Sponge Bathing Newborn	1	
<b>TOTALS</b>		<b>16</b>	<b>6</b>

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

<b>Subcontractor:</b> Family Life Federation/Pregnancy Probi	<b>Services Month:</b> April.2018
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**Date: 4/30/2018**

## PARENTING/PRENATAL CLASSES

Please attach all corresponding "At-Risk/Parenthood Education Attendance" forms (group & individual). For individual sessions, use the last column to indicate the hour # of the TANF-eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Grant # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
4/3/2018	Sponge Bathing Baby1	1	
4/9/2018	Labor 101 part 1	1	
4/23/2018	Labor 101 (11.1) part2	1	
4/30/2018	Labor 101 part 3 (11.3) and part4 (11.4)	1	
4/25/2018	First Years last Forever	1	
4/19/2018	Getting Ready For baby	1	
<b>TOTALS</b>		<b>6</b>	<b>0</b>

**LOUISIANA ALLIANCE FOR LIFE**  
**Subcontractor Monthly Services Report**

<b>Subcontractor:</b> Family Life Federation/Pregnancy Services	<b>Month:</b> Apr-18	<b>Date:</b> 4/30/2018
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[illegible]



# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

Month: APRIL 2018

Support Services Program / Resource Center			
	Points	Dollar Amount	
Client Service Points / Amount	75	\$2,300.00	
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>	\$2,300.00	

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

SUBCONTRACTOR NAME	St. Vincent Pregnancy Resource Center	PROGRAM NAME	Maternity Home
CONTRACT NAME	Michoud	PROGRAM DESCRIPTION	Maternity Home
REPORTING PERIOD	03/01/2018 - 03/31/2018	SERVICES MONTH	April 2018

Please submit supporting client services documentation which include relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance forms for reimbursement.

ELIGIBLE SERVICES (2 point)	Total # of Eligible Clients Served
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	2
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	4
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	3
Male-Parenting Information	1

REFERRALS (1/2 Point)	Total # of Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (12 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	1
2 Adult Education/GED	1	0.5	1
3 Employment	1	0.5	1
4 Food/Clothing	3	1.5	
5 Housing	3	1.5	1
6 Medicaid (NOT certified app. centers)	3	1.5	2
7 OB/GYN	2	1	2
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling	2	1	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	3	1.5	1
15 Public Assistance	1	0.5	1

OTHER SERVICES (2 points)	Total # of Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (Classes x total # participants)	11	22	
Male Prenatal/Parenting Classes (Classes x total # participants)	7	14	
Follow Up - Pregnancy Decisions	3	6	
Follow Up - Pregnancy Outcomes		0	
<b>TOTAL SERVICES</b>	<b>54</b>	<b>10</b>	<b>64</b>
<b>TOTAL POINTS</b>	<b>13</b>	<b>52</b>	<b>75</b>

### VITAMIN ANGELS INVENTORY

**MUST BE COMPLETED MONTHLY**

Date	4/30/2018
Beginning Inventory	112
# Clients Served	1
Amount Distributed	2
Amount Remaining	48

**\*\* 62 discarded due to expiration date \*\***

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# INDIVIDUAL PARENTING/PRENATAL EDUCATION PARTICIPATION CLIENT RECORD

**Submit a copy of this form with Subcontractor Monthly Services Reports for reimbursement.**

chart#: 18-0008

Correct the number of Recruting Chases  
from 27 to 11



# INDIVIDUAL PARENTING/PRENATAL EDUCATION PARTICIPATION CLIENT RECORD

***Submit a copy of this form with Subcontractor Monthly Services Reports for reimbursement.***

Chart#: 18-0012

[illegible]

# Alliance for Life

**Submit a copy of this form with Subcontractor Monthly Services Reports for reimbursement.**

Chart#: 18-0024

[illegible]

# LOUISIANA

## Alliance for Life

### Monthly Report Approval

Month: APRIL 2018

Reporting Agency: Williams New Life		Report Range	
		Points	Dollar Amount
Client Service Points / Amount	8		\$2,300.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>		\$2,300.00

APPROVED BY:

  
Michael Ferris, Administrator

  
Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_  
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 COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

Please submit with this report all documents and information that will be used to verify service hours, including:  
 - Client and/or Parental Informed Consent/Authorization/Assent forms for each participant

ELIGIBLE SERVICES (1 point)	Number of Clients Served
Pregnancy Testing	3
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education <i>counseling or informational sessions</i>	
Male-Adoption Education	
Abortion Prevention Education <i>counseling or informational sessions</i>	
Male-Abortion Prevention Edu.	
Abstinence Education <i>counseling or informational sessions</i>	3
Male-Abstinence Education	
Parenting Information <i>counseling or informational sessions</i>	
Male-Parenting Information	

REFERRALS (1/2 Point)	Number of Clients Served	Referral Points	Referral Follow-Up (1 Point) Total Clients
1 Adoption Agency		0	
2 Adult Education/GED	1	0.5	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	1	0.5	
7 OB/GYN	2	1	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	
OTHER SERVICES (2 points)	Total TAN Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes <i>(#classes x total # participants)</i>		0	
Male Prenatal/Parenting Classes <i>(#classes x total # participants)</i>		0	
Follow Up - Pregnancy Decisions		0	
Follow Up - Pregnancy Outcomes		0	
<b>TOTAL SERVICES</b>	<b>10</b>	<b>0</b>	<b>10</b>
<b>TOTAL POINTS</b>	<b>6</b>	<b>2</b>	<b>0</b>

**VITAMIN ANGELS INVENTORY**

**MUST BE COMPLETED MONTHLY**

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

Month: APRIL 2018

Client Service Points / Amount		Points	Dollar Amount
Client Service Reports/documentation		5	\$2,300.00
TOTAL Dollar Amount Paid		>>>>>	\$2,300.00

APPROVED BY:

Michael Ferris, Administrator

Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

REPORTING AGENCY NAME	REPORTING AGENCY ADDRESS	REPORTING AGENCY PHONE	REPORTING AGENCY FAX
REPORTING AGENCY CONTACT NAME	REPORTING AGENCY CONTACT ADDRESS	REPORTING AGENCY CONTACT PHONE	REPORTING AGENCY CONTACT FAX
REPORTING AGENCY CONTACT EMAIL	REPORTING AGENCY CONTACT ADDRESS	REPORTING AGENCY CONTACT PHONE	REPORTING AGENCY CONTACT FAX

(Please submit supporting client services documentation which includes relevant client services received, Case Information Form, and PEP Prenatal/Parenting Education Attendance Certificate for each client served.)

ELIGIBLE SERVICE/POINT	POINTS
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	1
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	1
Male-Abstinence Education	
Parenting Information counseling or informational sessions	1
Male-Parenting Information	

REFERRALS (1/2 POINT)	TOBISAN Eligible Clients Served	Referral Points	GENERAL POINTS OF TOTAL QUANTITY
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	
15 Public Assistance		0	
OTHER SERVICES (2 points)	TOBISAN Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions		0	
Follow Up - Pregnancy Outcomes		0	
<b>TOTAL SERVICES</b>	<b>6</b>	<b>0</b>	<b>6</b>
<b>TOTAL POINTS</b>	<b>4</b>	<b>1</b>	<b>5</b>

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement
Total Monthly Points
1 - 149 \$2,300
150 - 299 \$3,300
300 + \$4,300

# LOUISIANA

## Alliance for Life

### Monthly Report Approval

Month: APRIL 2018

Louisiana Alliance for Life Center			
	Points	Dollar Amount	
Client Service Points / Amount	317	\$4,300.00	
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>	\$4,300.00	

APPROVED BY:

  
Michael Ferril, Administrator

  
Barbary J. Thomas, Director



## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

These standards apply for all workers, whether they are employed in a full-time or part-time capacity, and are intended to ensure that all workers receive the same level of protection and training. The standards are based on the following principles:

<b>Program Service to be Counted</b>	<b>Cost per Client</b>
<b>Pregnancy Testing</b>	26
<b>New clients who took a pregnancy test and commit to full-term pregnancy</b>	26
<b>Pregnancy Retest</b>	
<b>Returning clients who retested and commit to full-term pregnancy</b>	
<i>counseling or informational sessions</i>	25
<b>Male-Adoption Education</b>	4
<b>Abortion Prevention Education</b> <i>counseling or informational sessions</i>	26
<b>Male-Abortion Prevention Edu.</b>	4
<b>Abstinence Education</b> <i>counseling or informational sessions</i>	24
<b>Male-Abstinence Education</b>	4
<b>Parenting Information</b> <i>counseling or informational sessions</i>	23
<b>Male-Parenting Information</b>	4

HEALTH SERVICES (1 1/2 POINTS)	FOOT/ANKLE SERVICES (1 POINT)	Referral Points	PHYSICAL THERAPY/OT (1 POINT)
1 Adoption Agency		0	
2 Adult Education/GED		0	1
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	1
7 OB/GYN	23	11.5	16
8 PreMarital/Marriage Counseling	4	2	1
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities	1	0.5	
12 SNAP/FITAP		0	
13 STD/HIV Testing	8	4	5
14 WIC	16	8	15
15 Public Assistance		0	
<b>OTHER SERVICES (2 POINTS)</b>	FOOT/ANKLE EQUIP. OTHER SERVICES	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	22	44	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	13	26	
Follow Up - Pregnancy Outcomes	8	16	
<b>TOTAL SERVICES</b>	<b>261</b>		<b>39</b>
<b>TOTAL POINTS</b>	<b>166</b>	<b>112</b>	<b>39</b>

**VITAMIN ANGELS INVENTORY****MUST BE COMPLETED MONTHLY**

<b>Date</b>	
<b>Beginning Inventory</b>	
<b># Clients Served</b>	
<b>Amount Distributed</b>	
<b>Amount Remaining</b>	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300



# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

<b>Subcontractor:</b> Women's Help Center	<b>Services Month:</b> April 2018	<b>Date:</b> 5/7/2018
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PARENTING/PRENATAL CLASSES			
Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.			
Date	Topic	Chart # or Total for TANF Eligible Participants	Total # Male Partner/Spouse Participants
4/9/2018	Your Healthy 9.2	17-12595	
4/9/2018	Breast Feeding 10.1	17-12595	
4/18/2018	PostPartum Parent 9.1	17-12595	
4/10/2018	Second Trimester 1.1	18-12630	
4/18/2018	Prenatal Care 1.2	18-12630	
4/18/2018	Eating for What's Not 2.3	18-12630	
4/25/2018	What's SafeWhat's Not 2.3	18-12630	
4/25/2018	Your Developing Baby 1.5	18-12630	
4/25/2018	Your Changing Baby 2.5	18-12630	
4/4/2018	Prenatal Care 1.2	18-12645	
4/4/2018	Eating for Two 1.3	18-12645	
4/25/2018	What's SafeWhat's Not 2.3	18-12645	
4/25/2018	Your Developing Baby 1.5	18-12645	
4/25/2018	Your Changing Body 2.5	18-12645	
4/17/2018	Third Trimester 4.1	17-12585	
4/24/2018	The First Trimester 1.1	15-11777	
<b>TOTALS</b>			

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

<b>Subcontractor:</b> Women's Help Center	<b>Services Month:</b> April 2018	<b>Date:</b> 5/7/2018
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### PARENTING/PRENATAL CLASSES

*Please attach all corresponding PAl Prenatal/Parenting Education attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF-eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total for TANF-eligible Participants	Total # Male Partner/Spouse Participants
4/3/2018	Labor 11.1	18-12631	
4/3/2018	Labor 11.2	18-12631	
4/3/2018	Labor 11.3	18-12631	
4/3/2018	Your Healthy Baby 9.2	18-12631	
4/3/2018	Breast Feeding 10.1	18-12631	
4/3/2018	Postpartum from Pregnancy 9.1	18-12631	
<b>TOTALS</b>			

# LOUISIANA

*Alliance for Life*

## Monthly Report Approval

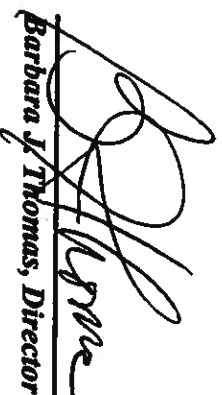
Month: APRIL 2018

		Points	Dollar Amount
Client Service Points / Amount		407	\$4,300.00
Client Service Reports/documentation	YES		
TOTAL Dollar Amount Paid	>>>>>		\$4,300.00

APPROVED BY:



Michael Kertis, Administrator



Barbara J. Thomas, Director

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

Please submit supporting client services documentation which includes relevant client service records, case information forms, and all Prenatal/Parenting Education Attendance forms to training@allianceforlife.org

PRIMARY SERVICES (1 point)	TOTAL Eligible Clients Served
Pregnancy Testing	40
New clients who took a pregnancy test and commit to full-term pregnancy	30
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	28
Male-Adoption Education	8
Abortion Prevention Education counseling or informational sessions	3
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	33
Male-Abstinence Education	9
Parenting Information counseling or informational sessions	30
Male-Parenting Information	8

REFERRALS (1/2 point)	TOTAL Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 point) TOTAL CLIENTS
1 Adoption Agency	2	1	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	15	7.5	13
5 Housing	6	3	3
6 Medicaid (NOT certified opp. centers)	18	9	1
7 OB/GYN	31	15.5	2
8 PreMarital/Marriage Counseling	4	2	
9 Professional Counseling	8	4	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	13	6.5	
13 STD/HIV Testing	34	17	
14 WIC	27	13.5	
15 Public Assistance	0	0	

OTHER SERVICES (2 points)	TOTAL Eligible Clients Served	Other Services Points
Client Parenting/Prenatal Classes (#classes x total # participants)	15	30
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2
Follow Up - Pregnancy Decisions	28	56
Follow Up - Pregnancy Outcomes	16	32

<b>TOTAL SERVICES</b>	<b>407</b>	<b>19</b>	<b>426</b>
<b>TOTAL POINTS</b>	<b>189</b>	<b>199</b>	<b>19</b>

### VITAMIN ANGELS INVENTORY

#### MUST BE COMPLETED MONTHLY

Date	4/30/2018
Beginning Inventory	118
# Clients Served	40
Amount Distributed	39
Amount Remaining	79

Services Reimbursement	
Total Monthly Points	
1 - 149	\$2,300
150 - 299	\$3,300
300 +	\$4,300

# LOUISIANA ALLIANCE FOR LIFE

## Subcontractor Monthly Services Report

<b>Subcontractor:</b> The Women's Center of Lafayette	<b>Services Month:</b> April.2018	<b>Date:</b> April 30 2018
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### PARENTING/PRENATAL CLASSES

*Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)  
For individual sessions, use the last column to indicate the chart # of the VAWF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.*

Date	Topic	Chart # or Total for VAWF-eligible Participants	Total #Male Partner/spouse Participants
4/6/2018	Child Support	15	1
<b>TOTALS</b>		15	1



# LOUISIANA

Alliance for Life

April 2018  
Child Support

## PRENATAL/PARENTING EDUCATION ATTENDANCE FORM

This form is to be presented and/or presented electronically. Keep original or electronic copy in a safe place. This form is to be presented along with LAI Educational Workshops Attendance Form & TANF Eligibility Worksheet to the provider during attendance visit. Submit a copy of this form with Subsequent Monthly Service Reports for reimbursement.

Date	TANF Eligible Client Signature	Chart #	Male Partner/Spouse Signature
11-6-18	Charles P. P. P.	2018-04-12	
4-16-18	A. C. Maturin	2018-03-28	
	Shakey Darby	delivered	
	Marine Michael	2018-03-28	
	Armonie Sargan	2017-10-27	Marquette Williams
	Judith Mitchell	delivered	
	Kymbuly Sener	2018-04-07	
	Spencer Dupre	2018-02-26	
	Lisa Bob	delivered	
	Leatha Scott	delivered	
	Keyana Taylor	2017-12-12	
	Brittany Perronin	delivered	
	Armonie Sargan	2017-12-13	
	Modupe Olajinka	2017-10-42	
	Olubunmi Akinjide	Guest	

## LOUISIANA ALLIANCE FOR LIFE

### Subcontractor Monthly Services Report

<b>Subcontractor:</b> The Women's Center of Laf.	<b>Services Month:</b> Apr-18	<b>Date:</b> April 30 2018
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[illegible]

**PAYCHEX****NOTICE OF AUTOMATIC PAYMENT**

Paychex of New York LLC  
 4324 South Sherwood Forest Blvd Suite 125  
 Baton Rouge LA 70816

Client # 0060 0060-T846  
 Invoice # 2018042600

**AUTOMATIC PAYMENT \$254.28****ADDRESS SERVICE REQUESTED:**

0060 0060-T846  
 Family Values Resource Institute Inc  
 Institute Inc  
 Po Box 74403  
 Baton Rouge, Louisiana 70874-4403

This amount will be deducted from the  
 following bank account at or after 12:01 A.M.  
 on 5/10/18.

XXXX0000

*Electronic Payroll Transaction Fees*  
*\$95.97*

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2018032900 Due 04/10/18				204.72
Payment Received - Thank You				-204.72
Balance Forward				0.00
Total New Charges				254.28
<b>Account Balance</b> (Includes Balance Forward, New Charges, and Pending Automatic Payments)				<b>254.28</b>

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	#TRANSACTIONS	AMOUNT
NEW CHARGES				
04/12/18	Payroll/Taxpay®	04/10/18	7	67.86
04/13/18	Payroll/Taxpay®	04/10/18	8	66.26
	Direct Deposit		9	21.55
04/30/18	Payroll/Taxpay®	04/24/18	8	66.26
	Direct Deposit		9	21.55
Quarter End/Year End Delivery & Handling				11.00
Total New Charges				254.28
<b>Automatic Payment</b> (Includes New Charges and applicable credits from Balance Forward above)				<b>254.28</b>
Payroll/Taxpay includes: Payroll Processing, Extra Payroll Reports				

**PRICE INCREASE NOTIFICATION**

Your May Paychex invoice may include a nominal price increase. The specific amount depends on your combination of services. Please feel free to contact your Client Service Representative with any questions. We appreciate the opportunity to serve your business.

**Thank you for choosing Paychex.**

0060 0060-T846 Family Values Resource Institute Inc

Invoice Date : 04/26/18

Billing Period: 03/30/18 to 04/26/18

Invoice# 2018042600

Payroll by Paychex, Inc.

040000



Electronic Payroll Transaction Fees \$ 95.97



HANCOCK WHITNEY

## Transactions Details

Posting Date	05/10/2018
Transaction Date	05/10/2018
Description	INVOICE PAYCHEX EIB 051018
Transaction Type	Debit
T/C	0036
Amount	\$254.28
Balance	